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NORTHAMPTONSHIRE COUNTY COUNCIL



INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

Annual Report

OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR
1944

NORTHAMPTONSHIRE COUNTY COUNCIL



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NORTHAMPTONSHIRE COUNTY COUNCIL.

COUNTY HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

October, 1945.

To the Chairman and members of Northamptonshire County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Forty-Eighth Annual Report of the County Medical Officer of Health for 1944.

As far as can be judged by vital statistics, the health of the County was certainly satisfactory during the fifth year of the war. The Birth Rate again increased to 20.07 per 1,000 of the population, which is the highest rate recorded since 1920. The Infant Mortality Rate was 38.0 per 1,000 live births, the second lowest rate so far recorded. This is indeed satisfactory but a challenge to further saving of infant lives. If, in the fifth year of war, with many houses overcrowded and unhygienic, restrictions in food, fuel and clothing, additional strain on mothers from difficulties in shopping and so on, a rate of 38 per 1,000 live births can be achieved, there is every reason to hope that when post-war reconstruction plans are completed, further substantial reductions will be effected.

The general Death Rate was 12.65 which can be regarded as satisfactory.

Primary notifications of tuberculosis again showed an increase. They numbered 267 compared with 186, 194, 265, 221 and 255 in the five years 1939-1943. As was inevitable with the increased notifications, there has been a rise in deaths from the disease which increased to 145, compared with 112, 141, 130, 120 and 118 in the previous five years. The Tuberculosis Mortality Rate was 0.62 per 1,000 compared with 0.50 per 1,000 last year. There has then been an increase but possibly not so great as was feared. The system of grants to tuberculosis patients, both under the Government Scheme for those who are thought likely to recover and under the County Scheme for other patients, worked well, and has been greatly appreciated by patients.

Apart from a small epidemic of typhoid fever in the Wellingborough Rural District, no special comment is called for as regards infectious diseases.

Diphtheria immunisation continued with a total of 40,965 children protected under the County Scheme. At the end of the year, it was estimated that 58% of children under five and 84% of children of school age were immunised. Constant publicity and propaganda must be maintained to ensure that an increasing number of children are immunised. The opportunities enjoyed by the Health Visitors in their home visits of advocating the value of preventive measures are fully used and much of the success of our campaign is attributable to their enthusiasm.

The rising Birth Rate, overcrowding and lack of domestic help, resulted in increased demands on a restricted pool of maternity accommodation. The County Council agreed to share with Northampton Corporation in the erection of an extension to the Barratt Maternity Home of 30 beds. This was as much as the Ministry of Health was likely to sanction in one year but further maternity accommodation is needed and the need will increase.

In the administration of the Sanatorium, the Emergency Maternity Homes, and the various Wartime Hostels and Residential Nurseries, the outstanding feature as elsewhere has been the difficulty in obtaining staff, both nursing and domestic, particularly the latter. The public should recognise the debt of gratitude owed to the staffs of practically all hospitals for very often when there has been serious under-staffing they have shouldered extra duties and worked longer hours to prevent closure of wards. The subject is one that calls for clear thinking and prompt decisions by the Government at the highest national level.

In the small outbreak of Typhoid Fever in the Wellingborough Rural District there was almost conclusive evidence that the disease was due to the consumption of raw milk infected at the farm from which supplies were obtained. The epidemic was as usual controlled when the supply was pasteurised.

The National Milk Testing and Advisory Scheme of the Ministry of Agriculture has for its object the reduction of milk losses from souring. Samples are taken at frequent intervals for examination by the Resazurin Test for keeping qualities and advisory visits paid to farms from which unsatisfactory results are obtained. The scheme has achieved results although the full value of the labour and money expended will not be seen until the original plan of penalising the farmer who fails to produce clean milk is put into operation. While the production of clean milk is commendable I would like to see the time, money and energy that is devoted to the Ministry of Agriculture's scheme transferred to a campaign for safe milk. Nobody as far as I am aware, ever died of drinking milk that has begun to sour but 1,500 to 2,000 children die in this country every year from bovine tuberculosis. Our American visitors were not allowed to drink raw untested milk—the U.S.A. is practically free of bovine tuberculosis.

The year may well be known in future as "The Dry '44". Most districts in the county were short of supplies as the result of three consecutive years in which the rainfall was about four-fifths of the average. The announcements in the press urging economy or stating the hours at which the supplies would be turned off should be framed and placed in front of every Committee responsible for water until out of the welter of the present memoranda, planning, consultations, conferences, etc., they are assured of a reserve that will stand up to any period of drought likely to be encountered.

In Rural Housing, the event of the year was the publication of the Hobbouse Report and the conference of Rural Housing Authorities, at which it was decided to set up a Joint Rural Housing Committee. The Joint Committee will, I am confident, play an invaluable part in the post-war campaign to get rid of the village slum and to improve rural housing.

A start was made in the initiation of a scheme under the Cancer Act by the Ministry of Health and the National Radium Commission, who arranged a Conference at Oxford. The Northamptonshire County Council and Northampton County Borough have joined the Berks., Bucks. and Oxon. Hospitals Regional Council for the preparation of a scheme and I was nominated to a Medical Advisory Committee appointed to submit proposals. The Oxford Regional Council covers the Counties of Buckingham, Berkshire and Oxfordshire and the City of Oxford and County Borough of Reading. If our association with Oxford for cancer is a pointer as to our future grouping for all the Hospital and Regional Services, I consider that the County Council will be fortunate.

The lesson to be learned from the year's results is that if vital statistics, such as an Infant Mortality Rate of 38 per 1,000 live births can be recorded in the fifth year of war, we must set a high target in post-war years. Adequate hospital and medical services, efficient health centres and clinics, decent housing, ample water supplies, safe and clean milk supplies, a progressive nutrition policy, with planned health education and regular employment at sufficient wages with family allowances, should all contribute to an improved standard of health and happiness and a sense of a life usefully spent. The war has shown that the most important factor is probably

regular employment. Certainly all our post-war plans may show poor dividends unless the available income is adequate to the needs of the family.

In conclusion, the year was a busy one as the result of the increase in the Birth Rate, which threw more work on the ante-natal clinics, the maternity homes and the welfare centres. The tuberculosis dispensaries also had a full year. The evacuation of a large number of mothers and children at the time of the flying bomb attacks added a further strain on the welfare services.

I would again tender grateful thanks to the Chairman and members of the Health Committee for their support and to the members of the staff for the good work they have done often under difficult conditions.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH.
County Medical Officer of Health.

SECTION A.

Statistics and Social Conditions.

1(a). GENERAL STATISTICS FOR THE YEAR.

Area of the Administrative County	*578,947 acres
Population (Census 1921)	211,509
(Census 1931)	217,133
(Estimated resident population, middle of 1944).....	233,340
Number of inhabited houses (Census 1921)	50,538
(Census 1931)	57,047
Number of families or separate occupiers (Census 1921)	52,286
(Census 1931)	58,964
Rateable Value (April 1st, 1944)	£1,277,476
Actual produce of a penny rate 1943-1944 (whole area)	£5,098

* Subsequent to the extension of the boundaries of the County Borough of Northampton, on April 1st, 1932.

1(b). VITAL STATISTICS.

	TOTAL	MALE	FEMALE	BIRTH-RATE per 1,000 of the estimated population.
Live births (Legitimate)	4,293	2,228	2,065	} 20.07
,, (Illegitimate)	391	206	185	
				Rate per 1,000 Total (Live and Still) Births.
Still-births	114	68	46	23.76
				DEATH-RATE per 1,000 of the estimated population.
Deaths	2,952	1,476	1,476	12.65†
				Rate per 1,000 Total (Live and Deaths. Still) Births.
Deaths from puerperal causes :—				
Puerperal and post abortion sepsis			2	0.42
Other Puerperal causes			6	1.25
Total			8	1.67
Death-rate of infants under one year of age :—				
All infants per 1,000 live births				38.00
Legitimate infants per 1,000 legitimate live births.....				35.87
Illegitimate infants per 1,000 illegitimate live births				61.38
Deaths from (a) Cancer (all ages)				450
(b) Measles (all ages)				—
(c) Whooping Cough (all ages)				8
(d) Diarrhoea (under 2 years of age)				10

The birth rate of 20.07 is higher by 2.16 per 1,000 of the population as compared with the previous year, and is also higher by 2.4 than the rate for England and Wales (17.6), whilst the death rate (12.65) is higher by 0.36 per 1,000 of the population as compared with the previous year, and is also higher by 1.05 than the rate for England and Wales. The birth rate exceeded the death rate by 7.42 per 1,000 of the population.

The seven chief causes of death accounted for 72.1 per cent. of the total deaths, and are led by heart disease (30.1), cancer (15.2), intracranial vascular lesions (11.0), bronchitis (4.7), pneumonia (4.1), nephritis (3.1), and tuberculosis of respiratory system (3.8).

The number of deaths associated with childbirth amounted to eight as against four in the previous year.

The maternal mortality rates per 1,000 live and still births during the last ten years have been as follows :

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Administrative County ... (Number of Deaths)	4.00 (12)	2.84 (9)	2.17 (7)	2.41 (8)	1.13 (4)	3.02 (11)	1.79 (7)	1.66 (7)	0.92 (4)	1.67 (8)
England and Wales	3.94	3.65	3.13	2.97	2.82	2.16	2.23	2.01	*2.29	*1.93

* Including abortion.

The infant mortality rate per 1,000 births (38) is lower by 2 than the rate for 1943, and 8 below the rate for England and Wales. The illegitimate infant mortality rate is 2 higher than the rate for 1943. The infant mortality rates per 1,000 births during the last ten years have been as follows :

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Administrative County	50.6	47.9	43.8	41.1	40.4	48.3	48.1	34.5	40.4	38.0
England and Wales	57	59	58	53	50	55	59	49	49	46

† *Recorded Death Rate.* It is not possible to give the standardised death rate for the year 1944. The Registrar-General, in his Memorandum with regard to statistics for the year 1944, states : " The variety and magnitude of local population movements and the uneven incidence of civilian war deaths have together, combined to frustrate the attempt to secure comparability between local death rates by the use of Areal Comparability Factors and the preparation and issue of such factors are being suspended under present conditions."

2. AREA AND POPULATION.

There has been no change in the area of the Administrative County.

In his memorandum with regard to statistics, the Registrar-General states that " populations . . . are given for calculation of Death Rates or the incidence of notifiable diseases amongst civilians. Estimates of the numbers and distribution of the non-civilian population are not available and the birth rate can only be based on the civilian population of 1944 as used for death rates."

On this basis the civilian population of 1944 for the Administrative County is estimated by the Registrar-General to be 233,340.

SECTION B.

General Provision of Health Services.

1. LABORATORY FACILITIES.

The following is a summary of the work done in the County Laboratory during 1944.

No. of milk samples examined (Methylene Blue Test)	5,030
No. of milk samples examined (Coliform Test)	285
No. of milk samples examined (Plate Count)	51
No. of milk samples examined (Phosphatase Test)	155
Total number of tests	5,521

The totals for years 1933-43 were 459, 760, 1,491, 1,533, 2,429, 3,100, 4,074, 5,694, 5,802, 5,593 and 5,846 respectively.

MILK.

The 5,521 tests may be classified as follows :

Designated milk (Methylene Blue and Coliform Tests)	3,918
Non-designated milk (Methylene Blue and Coliform Tests and Plate Count)	1,401
Pasteurised milk (Plate Count and Phosphatase Tests).....	202

The following table shows the results of raw milk samples examined by the Methylene Blue Reduction Test and Coliform Test : (Note : Satisfactory—Passed the combined tests).

SAMPLES OF DESIGNATED MILK—			SAMPLES OF NON-DESIGNATED MILK		
Month	Number examined	Percentage Satisfactory	Number examined	Percentage Satisfactory	Total Samples
January	347	93	105	79	452
February	247	83	125	72	372
March	142	90	154	83	296
April	150	79	97	72	247
May	341	75	104	82	445
June	355	66	130	67	485
July	425	53	99	32	524
August	255	46	89	46	344
September	410	70	97	76	507
October	394	87	112	79	506
November	358	92	116	91	474
December	288	90	90	77	378
TOTAL	3712	77	1318	71	5030

It will be noted from the above table that, of the 3,712 samples of Designated milk, 77% complied with the requirements of the Orders. In the case of non-designated samples examined

71% were satisfactory. There is no statutory test for cleanliness of non-designated milk and in its absence the standards described in my 1938 report are still in force in this County.

School Milks.

There were no samples specially collected from schools for examination at the laboratory. (See page 37 for reference to school milks examined for butter fat and solids-not-fat.)

Pasteurised Milk.

A total of 202 samples of pasteurised milk were submitted by District Councils, 47 being examined by the plate count method, of which 4 were unsatisfactory, and 155 were examined by the phosphatase test, of which 17 failed to pass the test, *i.e.*, were inefficiently pasteurised.

Water.

The bacteriological examination of all water samples has been carried out at the Emergency Public Health Laboratory, Northampton General Hospital.

Biological examination for the presence of Tubercle Bacilli.

During the year, 60 samples of Designated raw milk, 10 from Tuberculin Tested and 50 from Accredited farms, were submitted to the Emergency Public Health Laboratory, for biological examination for the presence of Tubercle Bacilli. Of these samples, 2 gave positive results, one from an Accredited herd and one from a Tuberculin Tested herd. These two cases were dealt with by the Ministry of Agriculture and Fisheries Veterinary Inspector under the Tuberculosis Order.

2. AMBULANCE FACILITIES. These were described in the 1938 report.

3. MATERNITY AND CHILD WELFARE.

This section of the report, in so far as it deals with Midwives and Maternity and Nursing Homes, refers to the whole Administrative County. In respect of other Maternity and Child Welfare Services, the report covers the Administrative County less the Borough of Kettering which is a separate Maternity and Child Welfare Authority.

(i) MIDWIFERY AND MATERNITY SERVICES.

Midwifery Services.

The number of cases attended by midwives employed by District Nursing Associations in pursuance of Section 1 of the Midwives Act, 1936, was as follows:

	1943	1944
Cases attended as midwives	1094	1165
Cases attended as maternity nurses	1330	1505
	<hr/>	<hr/>
	2424	2670
	<hr/>	<hr/>

The number of midwives in independent practice at the end of the year was 23.

The County Nursing Association employed 39 nurses for emergency duty and to relieve temporarily during holidays, sickness, etc.

(ii) NURSING IN THE HOME.

Under an agreement between the County Council and the County Nursing Association for the provision of special nurses in certain cases of infectious disease, 10 cases of puerperal pyrexia,

27 of whooping cough, 2 of ophthalmia neonatorum, 15 of measles, and 36 cases of infantile diarrhoea were nursed in the home. Nursing care was also given in a number of other cases not strictly provided for in the agreement, including 85 cases of pneumonia and 116 of influenza. These figures do not include evacuees.

(iii) MIDWIVES.

The Supervisor of Midwives (who is also County Superintendent and Secretary of the Northamptonshire Nursing Association) and her staff, made 231 routine visits and 174 special investigations.

The number of midwives practising in the area at any time during the year was 179 ; on December 31st, 131 remained in practice. Of the latter, 8 were employed at the County Maternity Home, Kettering, 72 by the Northamptonshire Nursing Association, 3 at Kettering and District General Hospital, 1 at Brackley Cottage Hospital, 24 in emergency maternity homes, 2 in private nursing homes and 21 in private practice.

Medical Aid to Midwives. During the financial year, the midwives notified that they had called in medical aid in 547 cases and 400 claims for payment of fees were dealt with from medical practitioners whose assistance had been sought, as against 576 notifications and 309 claims in the previous year ; the above figures include evacuees.

(iv) MATERNITY AND NURSING HOMES.

The number of homes on the register during the year was 3, and 8 visits of inspection were paid by the Assistant Medical Officer.

The registered homes in the County at the time of reporting, were (unless otherwise stated) :

1. " Woodfield Nursing Home," 36, Wellingborough Road, Finedon.
2. " Burnside Nursing Home," Brackley.
3. " Newlyn Nursing Home," 90, Rockingham Road, Kettering (Maternity only).

(v) MATERNAL MORTALITY (excluding Kettering Borough).

The Registrar-General reported 8 maternal deaths, of which 2 were from sepsis.

The death rate per thousand live and still births was 1.97. The rate for England and Wales was 1.93 per thousand live and still births.

Puerperal Pyrexia. Thirty-six notifications were received (excluding Kettering Borough). Eight of the notified cases were treated in hospital ; (there were no deaths among the notified cases).

(vi) OPTHALMIA NEONATORUM.

Ten cases were notified (excluding Kettering Borough) all of which recovered without impairment of vision; 7 cases were treated in hospital. All cases were visited by the Assistant Medical Officers.

(vii) MATERNITY HOSPITALS.

The cases admitted under the arrangements of the Public Health Committee were :

County Maternity Home, Kettering	145
Kettering and District General Hospital	21
Stamford, Rutland and General Infirmary	2

Market Harborough and District Hospital	1
The Barratt Maternity Home, Northampton General Hospital	157
Hospital of St. Cross, Rugby	5
Emergency Maternity Homes	374

The total number of cases admitted to hospital under the County arrangements was 705, compared with 602 in 1943 and 546 in 1942. The percentage of live and still births that occurred in hospitals under the County arrangements was 14.7.

(viii) ANTE-NATAL CLINICS.

At the end of the year there were 13 ante-natal clinics ; 4 additional ante-natal clinics were provided for evacuee mothers.

Ante-natal Clinics were held weekly at Northampton, Wellingborough, Rushden and Corby, fortnightly at Daventry and Kettering, and monthly at Brixworth, Byfield, Middleton Cheney, Rothwell, Thrapston, Towcester and Oundle. Clinics for evacuee mothers for St. John's Emergency Maternity Home continued to be held at Guildhall Road on Mondays and Thursdays, at Norton Hall for Bragborough Emergency Maternity Home on Tuesdays, and at Watford Court and East Haddon Manor for East Haddon Emergency Maternity Home on Mondays.

The following statistics relate to ante-natal clinics under the control of the County Council. (Figures in respect of evacuee women are included).

ANTE-NATAL CLINICS.

	1943	1944
No. attending for first time	2,745	3,117
Total ante-natal attendances	9,596	11,018
No. sent to hospital :		
For consultation	92	124
,, confinement (abnormality)	160	166
,, confinement (lack of accommodation)	1,455	1,914
,, ante-natal treatment	149	92
,, ante-natal treatment and confinement	218	233
,, ante-natal treatment and miscarriage	2	7
No. treated on district (confinement)	622	652
No. treated on district (miscarriage)	14	9
No. referred to own doctor	23	20

The total number of women, including evacuees, attending all ante-natal clinics was 3,563 or 77.5 per cent of the total notified births.

CASES TERMINATED.

	1943	1944
Alive Full Time	2,339	2,676
Premature	57	64
Stillborn, Full Time	28	33
Premature	6	19
Abortion or miscarriage	19	14
Left district	115	235
Not Pregnant	21	17
Not terminated	495	474
Twin birth	24	29
Triplets	—	—
Maternal deaths	3	3

Consultative Ante-natal Clinics are held at Northampton General Hospital and at Kettering and District General Hospital by Mr. R. Watson, the Council's Consultant Obstetrician.

Details of cases seen at these Clinics are as follows :—		<i>Northampton General Hospital.</i>	<i>Kettering and District General Hospital.</i>
(a) No. of sessions		149	44
(b) No. of expectant mothers referred to Consultant Obstetrician by medical practitioners and examined by him in a consultative capacity at the Clinic		183	135
(c) No. of patients recommended for admission on account of abnormalities and supervised at the Ante-natal Clinic (exclusive of cases entered under (b))		146	<i>Nil.</i>
(d) No. of cases recommended for admission on account of unsatisfactory home conditions and supervised at the Clinic		56	<i>Nil.</i>
(e) Total No. of expectant mothers who attended at the Clinic during the year		385	200
(f) Total attendances of all cases at the Clinic		1,456	429

A post-natal Clinic was started at Wellingborough on the third Thursday of the month at 2.0-3.30 p.m. There were 64 attendances ; other post-natal attendances were made at the Ante-natal Clinics, the total attendances being 422.

(ix) NOTIFICATION OF BIRTHS.

The number of births notified in the area under Section 203 of the Public Health Act, 1936, were as follows :

Live births, 4,517 ; Still-births, 81 ; Total 4,598.

Notified by Midwives	4,376
Notified by doctors and parents	222

(the above figures include births of non-residents in maternity homes, etc.)

(x) INFANT WELFARE CENTRES.

At the end of the year there were 31 Infant Welfare Centres in the County. The Table on page 15 shows details of the activities carried out at each Infant Welfare Centre in the County.

The number of children under one year who attended Infant Welfare Centres for the first time was 1,721, representing 38.1 per cent of the total registered live births.

The total number of attendances at all Infant Welfare Centres by children under one year of age was 12,338, and by children between the ages of one and five years 7,523, showing an increase of 2,532 attendances on the figures of the previous year.

(xi) HEALTH VISITING.

At the end of the year the staff consisted of 22 Health Visitors and one Superintendent. One additional Health Visitor was loaned from an evacuation area.

HEALTH VISITORS' VISITS.

1. Ante-Natal	265
2. Infants	32,387
3. Children 1-5 years	33,326
4. Infant Life Protection	526
5. Boarded Out (P.A.C.)	108
6. Tuberculosis Cases	3,055
7. Mental Defectives	471
8. Special Visits	601
9. Social Visits	650
	<hr/>
	71,389
	<hr/>

In addition, the Health Visitors made 731 attendances at the Infant Welfare Centres and gave 63 lectures to the mothers.

A total of 4,165 first visits were made by Health Visitors to children under one year of age, representing 92.2 per cent of the total notified live births. The first visits are shown as a percentage of total notified live births because it is more accurate than taking registered births, since Northamptonshire is a reception area.

(xii) CHILD LIFE PROTECTION.

The Health Visitors continued visitation under the provisions of Sections 206 and 220 of the Public Health Act, 1936. Periodical reports have been received upon cases under their super-

vision. At the end of 1944, 79 foster mothers and 100 children were on the register. During the year, 10 children were removed from the County, 31 were returned to the care of parents or relatives, 4 were legally adopted, 3 were removed to institutions, and in 29 cases supervision was discontinued on the child reaching the age of nine years. 526 visits were paid by the Health Visitors. All reports are reviewed by the Superintendent Health Visitor, and prompt measures are taken to investigate any case in which an adverse report is received.

(xiii) ORTHOPAEDICS.

The Clinics organised by the Manfield Orthopaedic Hospital continued their valuable work and cases were referred from time to time by the Medical Officers attending the Infant Welfare Centres. 10 children under five years of age were admitted as County Council patients to Manfield Hospital and 1 to the Wingfield Morris Orthopaedic Hospital. 113 children suffering from orthopaedic defects were referred to the clinics for treatment.

(xiv) MENTAL DEFICIENCY.

The Health Visitors pay routine domiciliary visits to mental defectives who are living in good homes and whose conduct is satisfactory. Other defectives who require special supervision are visited by the Mental Welfare Officer.

(xv) UNMARRIED MOTHERS.

Seventeen unmarried mothers were admitted to special homes in 1944.

(xvi) PREVENTION OF DEAFNESS AND DEAF-MUTISM.

Ten cases have been referred to hospitals for operation.

(xvii) DENTAL TREATMENT AND DEFECTIVE VISION.

415* expectant and nursing mothers and 178 children under five years of age who required dental treatment, and 110 children under five who required examination for defective vision, were referred to the Staff of the School Medical Department. Assistance towards the cost of dentures was given to 40 mothers.

*174 of these did not attend for treatment.

(xviii) CONSULTANT OBSTETRIC FACILITIES.

The County Council has arrangements with Mr. R. Watson, F.R.C.S. (Ed.), F.R.C.O.G., (Consultant Obstetrician), and his services are available to medical practitioners in cases of abnormality of pregnancy and in puerperal cases. No cases were officially treated under the arrangements for the Emergency Unit.

(xix) CONTRACEPTION CLINIC.

Thirty County cases were seen at the Northampton Women's Welfare Association Clinic.

(xx) HOME HELPS.

Two cases received assistance under this scheme. Home Helps are not to be found.

INFANT WELFARE CENTRES.

NAME OF CENTRE.	AVERAGE NO. OF INFANTS ATTENDING PER SESSION.	AVERAGE NO. OF CONSULTATIONS PER DOCTOR'S ATTENDANCE.	ATTENDANCES BY DOCTOR.	SESSIONS.
Brackley	37	14	11	12
Brixworth	44	16	10	10
Burton Latimer	50	29	11	22
Byfield	41	32	11	11
Cold Ashby and Welford.....	30	15	10	10
Corby	43	19	47	48
Cottingham	18	17	10	10
Daventry	37	32	13	22
Desborough	44	21	11	21
Duston	35	22	15	15
Earls Barton	19	16	10	22
Finedon	28	16	12	13
Guilsborough†	29	—	—	2
Hackleton	44	23	11	11
Higham Ferrers	43	25	11	22
Irchester	27	13	11	22
Irthlingborough	33	22	10	21
King's Cliffe	21	16	10	11
Long Buckby	35	23	10	10
Moulton	59	13	12	12
Oundle	38	23	11	11
Potterspury	29	19	11	11
Raunds	35	26	11	11
Rothwell	37	33	11	22
Rushden.....	80	33	47	47
Towcester	30	21	11	11
Weedon*	33	18	6	6
Wellingborough	60	28	45	45
Wilbarston.....	11	10	10	10
Wollaston	21	12	10	21
Woodford	20	15	12	13

† *Voluntary Centre.*

**Opened 17th May, 1944.*

CARE OF ILLEGITIMATE CHILDREN.

The Ministry of Health in October, 1943, issued a circular (No. 2866) in which it was stated that the Minister had had under special consideration the problems arising under war conditions in regard to illegitimate children. The following extracts are taken from the Circular :

“ It is clear that there can be no complete solution of the problem, since every child needs both a father and a mother, affection, security and the shelter of a normal home, but the successful work of voluntary agencies and moral welfare workers attached to diocesan and other religious bodies has shown that much can be done to help the mother and to safeguard the child.

In most areas, the Minister thinks, the most promising line of attack would be that the welfare authorities should co-operate with and reinforce the work of existing voluntary moral welfare associations, and he suggests therefore that every welfare authority should formulate a scheme for this purpose. The range of work will be a wide one and the appointment of a trained worker experienced in the special problems she will have to handle will probably form an essential part of the organisation and administration of this scheme. . . .

It is suggested that the duties which the special worker might undertake, in co-operation with the existing workers in voluntary societies, are :

(a) Wherever possible to persuade the girl to make known her circumstances to her parents and, if the home is likely to be a satisfactory one, to persuade the grand-parents to make a home there for the little one.

(b) Advising the expectant mother on suitable accommodation before and immediately after the confinement.

(c) Assisting the girl to obtain an affiliation order or otherwise to secure assistance from the father of the child.

(d) Assisting the mother to find employment, preferably with her baby, in an institution or in private employment.

(e) If a home cannot be found for the baby with the girl's relatives (see (a) above), finding lodgings for mother and baby when the mother desires non-resident work. This accommodation might be in a special hostel set up by a voluntary body or by the welfare authority itself. If in ordinary lodgings it would be necessary to arrange for the baby's care by day *e.g.*, in a war-time nursery.

(f) Finding a suitable foster mother if it is necessary for mother and baby to be separated. In such cases it may be desirable for the authority to guarantee payment to the foster mother, recovering from the mother. (This scheme works satisfactorily in Birmingham).

(g) Arranging for places in a residential Nursery or Home, for babies whose mothers cannot look after them and for whom accommodation cannot be found by other means.

(h) In special cases, *e.g.*, where the mother is very young or is the wife of a man not the father of the child, giving advice about legal adoption.

In nearly all these cases it will be desirable to follow up the advice given, in co-operation with the Health Visitor, and to see that the mother keeps her baby under observation at the Infant Welfare Centre until it is handed over to the education authorities.”

The Public Health Committee has, since 1930, made grants to the Diocesan Moral Welfare Association in respect of the cost of maintenance of unmarried girls in the St. Saviours' Diocesan Maternity Home. The average number of cases assisted in this way from 1930 to 1944 is 9. In addition, a close liaison has always been maintained between the Health Department and the Organising Secretary of the Moral Welfare Association.

Following receipt of the Circular, a Sub-Committee of the Public Health Committee was appointed to meet representatives of the Moral Welfare Association. It was agreed that, subject to the submission of estimates of cost, the Health Department would be prepared to give financial support if a Mother and Baby Hostel could be established. Suitable premises however, could not be found, with the result that a Hostel was not established.

The Health Committee arranged for Miss M. Pugh, County Social Worker, appointed for duties under the Evacuation Scheme, to devote part of her time to the care of illegitimate children. Arrangements were made with the Organising Secretary of the Moral Welfare Association, that she should continue to look after girls who were having first illegitimate children and that the County Social Worker should, as far as practicable, be responsible for the unmarried women having a second or third illegitimate baby, and for married women having a child to a man who was not the husband. This procedure worked fairly well, but unfortunately the Organising Secretary was on sick leave for the last five months of the year, and the Wellingborough Area was without a Moral Welfare Worker towards the end of the year. Mrs. Claude Davis, however, who had been appointed General Secretary of the Moral Welfare Association, maintained close contact with the Health Department and she and the County Social Worker did good work under trying conditions. The latter dealt with some 39 cases, practically all of which presented difficult social problems.

The following statistics are of interest, but it should be pointed out that under war conditions a rise in illegitimacy does not necessarily imply a lowering in standards of sex behaviour, as some children are born out of wedlock whose birth in normal times would be legitimised by the marriage of the parents. During the war years the number of births within 8 months of marriage has shown a decrease.

STATISTICS OF ILLEGITIMACY, 1930-1944.

Year.	No. of Illegitimate Births			No. of Cases in Diocesan Ma- ternity Home— assisted by Grants	Destitute women con- fined in P.A.I.s.	Infant Mortality Rate per 1,000	
	Administra- tive County	Kettering Borough	Total			Illegiti- mate	Legiti- mate
1930	111	16	127	8	—	70.86	40.85
1931	97	18	115	7	—	113.04	43.43
1932	90	11	101	—	—	79.20	44.28
1933	77	12	89	4	—	101.12	39.98
1934	96	11	107	9	—	84.11	56.17
1935	86	18	104	11	—	57.69	50.41
1936	80	23	103	13	—	58.52	47.55
1937	90	22	112	20	—	98.21	41.77
1938	98	21	119	13	—	92.43	39.15
1939	99	26	125	14	6	47.61	40.13
1940	102	20	122	8	7	89.43	46.90
1941	119	36	155	11	5	51.61	47.93
1942	175	45	220	20	18	66.18	32.53
1943	240	48	288	17	16	59.02	39.01
1944	320	71	391	17	11	61.38	35.87
Average	125	26	151	11	*—	—	—

* Figures for the years prior to 1939 not available.

GOVERNMENT EVACUATION SCHEME
ANTE-NATAL HOSTELS.

The number of beds and of patients admitted to the three Ante-natal Hostels were as follows :

	<i>Norton Hall</i>	<i>Watford Court</i>	<i>East Haddon Manor</i>
No. of beds	40	20	22
No. of patients admitted.....	374	171	243

EMERGENCY MATERNITY HOMES.

The following is a summary of the work carried out at the maternity homes up to the end of December, 1944 :

	<i>Bragborough Emergency Maternity Home</i>	<i>East Haddon Emergency Maternity Home</i>	<i>St. John's Emergency Maternity Home</i>	<i>Park Hospital Welling- borough</i>	<i>Total</i>
No. of beds	26	30	65	40	161
No. of patients admitted.....	397	527	1002	60	1986
Live babies born—					
Male	230	259	510	29	1028
Female	161	265	487	30	943
Total live babies born	391	524	997	59	1971
Stillbirths	7	3	15	1	26
Miscarriages	—	—	—	—	—
Maternal Deaths	1	—	—	—	1
Infant deaths	5	4	13	—	22

The unit at the Park Hospital, Wellingborough was in use during September and October and was staffed from the Central Middlesex Hospital.

POST-NATAL HOSTEL.

A post-natal hostel for mothers and babies leaving the emergency maternity homes, who were unable to return to London owing to enemy bombardment, was opened at The Garth, Dallington, in August. Accommodation was available for 16 mothers with babies. It was found that most of the mothers were unable to remain in the reception area and little use was made of the hostel, which was closed at the end of the year. The premises were transferred to the Northampton Rural District Council for use as a buffer hostel for children under the Evacuation Scheme.

SHORT-STAY NURSERY.

A short-stay nursery for the care of evacuee children under 5 while their mothers were in maternity homes, was established at Thorpeland, Kettering Road, Moulton, in August. Equipment was transferred from Foxhills Nursery, which had been closed and accommodation was provided for 20 children. 37 children were admitted to this nursery.

RESIDENTIAL NURSERY PARTIES.

At the end of the year the following residential nursery parties for evacuee children under five years of age were supervised by medical members of the staff ; the accommodation for children at each nursery is shown in brackets—

Fermyn Woods Hall	(21)	(W.V.S.)
Eydon Hall	(14)	(Somerstown Nursery School.) (L.C.C.)
Hill House, Wansford	(16)	(Waifs and Strays Society).
Flore House	(20)	(Waifs and Strays Society).
Duncote Hall	(38)	
St. Paul's Nursery, Thornby Hall	(27)	
West Haddon Hall	(52)	(Surrey County Council).
Eastfields Nursery, Rushden	(33)	(London County Council).
Hothorpe Hall	(35)	(London County Council).

HOSTELS FOR DIFFICULT CHILDREN.

The seven hostels with a total accommodation of 140 children were in continuous use for children who were considered, after investigation, to be unsuitable for billeting in an ordinary household.

Suitable types of maladjusted children are treated at a temporary Child Guidance Clinic.

The number of children admitted to the hostels was 77, compared with 120 in 1943.

WAR-TIME NURSERIES.

Four War-time Nursery Centres with accommodation for a total of 130 children were continued at Corby, Higham Ferrers, Rushden and Wellingborough.

The average daily attendances are given below :

<i>Month</i>	<i>Corby</i>	<i>Higham Ferrers</i>	<i>Rushden</i>	<i>Wellingborough</i>
January	33	11	24	17
February	35	12	26	18
March	32	17	30	18
April	25	15	22	18
May	24	14	18	23
June	28	15	30	25
July	35	17	27	30
August	26	14	30	33
September	36	16	31	30
October	35	16	30	22
November	33	16	30	33
December	32	15	24	31

(Average attendances are calculated on Monday to Friday attendances.)

Outbreaks of Chicken Pox at Higham Ferrers in January and February, and of Whooping Cough at Rushden during April and May, also at Wellingborough in October, were responsible for reduced attendances during those months.

4. MENTAL DEFICIENCY.

The number of ascertained cases on the Register at the end of the year was 821.

In Certified Institutions :	Males	Females	Total
Stoke Park Colony	11	5	16
Royal Earlswood Institution	2	1	3
Bromham House Colony	32	44	76
St. Francis' School, Buntingford	3	—	3
Whittington Hall, Chesterfield	—	6	6
Brentry Colony	4	—	4
Besford Court, Worcester	2	—	2
Royal Eastern Counties' Institution	—	1	1
Kettering, London Road Hospital ...	6	8	14
Wellingborough, Park Hospital	7	7	14
State Institutions	5	6	11
<hr/>			
On Licence from Institutions	6	7	13
<hr/>			
Cases under Guardianship	3	1	4
On licence from Guardianship	—	1	1
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Total	81	87	168
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No. of Cases under Statutory Supervision			134
No. of Cases under Voluntary Supervision			355
Cases otherwise " ascertained "			164
			<hr/>
			653
			<hr/>
			821
			<hr/>

Ascertainment Rate—2.85 per 1,000.

Ascertainment.

Seventy-seven new cases have been ascertained during the year. Fifteen new cases have been referred to the Committee for the Care of the Mentally Defective by the County Education Committee and two by the Kettering Education Committee. Sixty have been ascertained through the Public Health, Public Assistance and School Medical Services. The number of Orders made under the Mental Deficiency Acts during the year was eight. Two cases were transferred from Public Assistance Institutions to Brentry Colony and one was transferred from St. Francis' School, Buntingford, to Brentry Colony. One case was transferred to Rampton State Institution from Bromham House Colony. Orders for detention relating to two defectives lapsed by " operation of law ".

Guardianship.

Four defectives are in the care of guardians supervised by the Brighton Guardianship Society. From the monthly reports received from the Society it would appear that these patients are happy and well cared for. One defective is under Guardianship in the County and receives regular supervision visits from the Mental Welfare Officer and one of the Council's Assistant Medical Officers.

Licence.

Thirteen patients are at present on licence from Institutions. One female patient is on licence from Guardianship and supervised by the Brighton Guardianship Society. Seven other female patients are on licence—five are in domestic service and two are receiving Sanatorium treatment.

Of the six male patients on licence—one is working on a farm, one at a Co-operative Dairy, one at a Church Army Hostel, one is a Corporation labourer and two do odd jobs at home. All the patients on licence in the County are visited regularly by the Mental Welfare Officer.

Medical Examinations.

Forty-four special medical examinations by Assistant Medical Officers have been carried out.

Domiciliary Supervision.

Routine visits by the County Health Visitors have been made to the defectives under Statutory and Voluntary supervision in their homes. During the year 1,100 visits and interviews have been made by the Mental Welfare Officer.

General.

The Mental Welfare Officer has acted as escort in the conveyance of all the patients certified under the Mental Deficiency Acts. Information for Petitions and all other documents has been collected and prepared by the Mental Welfare Officer. Sixty-five special reports on home circumstances for the information of the Board of Control, or Visitors to Institutions or other Authorities, have been supplied by the Mental Welfare Officer.

Institutional Accommodation.

There was again the greatest difficulty in finding institutional accommodation for all cases, particularly for low-grade types.

SECTION C.

Sanitary Circumstances of the Area.

WATER SUPPLY.

1. Quantity. The year 1944 has brought to focus the need for a great improvement in the general water supply throughout the administrative area. As a result of low rainfall during three successive years, the water resources in the County were insufficient to provide a normal supply of potable water. Whilst the results of the drought were very apparent in many villages which are dependent on shallow wells for their supplies, the larger reservoirs in the County were also depleted to such an extent that by midsummer a water famine had descended on the community. Intermittent supplies were the rule rather than the exception and considerable ingenuity had to be used in a number of districts to overcome the problem. In more than one area auxiliary supplies were pumped by the National Fire Service to replenish empty reservoirs. By July, the general position had become so serious that consideration had to be given to utilising water from the River Nene and a conference attended by representatives of all water undertakings in the Administrative County was held at the County Hall under the Chairmanship of Mr. George Dallas of the River Nene Catchment Board. At this conference there was a general exchange of information regarding the difficulties in maintaining a water supply in the various districts. Northampton Corporation abstracted water from the River Nene to replenish their reservoirs.

2. Rural Schemes. The report of Mr. Harold J. F. Gourley on the water resources within the Administrative County, received detailed consideration. The County Council at their meeting in May decided to adopt the principle that no financial assistance shall be given towards the cost of water supply schemes of a purely local character unless the circumstances are exceptional or the need is urgent or unless they are satisfied that the scheme proposed is the most practical and economical alternative having regard to the requirements of out-lying agricultural farms as well as to requirements of towns and villages. In order that the Council should have an early opportunity of considering proposed water schemes on their merits, it was decided that as a condition, precedent to the grant of assistance towards the cost of schemes for both water supply and sewerage, local authorities be required first to submit their proposals to the County Council in broad outline for approval in principle before the proposals had reached the stage of detailed planning.

Mr. Gourley was engaged by the County Council as a consultant to advise on water supplies and sewerage schemes submitted by rural authorities.

These decisions anticipated the provisions of the Rural Water Supplies and Sewerage Act, 1944. This Act makes provision, subject to such conditions as the Treasury may determine, for the Ministry of Health to contribute towards the expenses of a local authority in providing water supplies and sewerage in rural localities. Under Section 2 of the Act, the County Council are bound to make a contribution towards the cost of rural water and sewerage schemes if the Ministry have made a grant to the rural authority concerned. It is of interest that Section 2 of the Act, requires local authorities to send their proposals for water and sewerage schemes to the County Council for their observation before submitting them to the Ministry of Health. The Local Authority are required when submitting their schemes to the Ministry to transmit at the same time the observations of the County Council. Section 3 of the Act makes it obligatory upon local authorities where it is practicable at reasonable cost to supply wholesome water in pipes to houses and schools in their districts. By Section 6 of the Act, special parish rates for water supplies and sewerage are abolished and from 1st April, 1945, these expenses must be spread over the whole of the local authority's area.

3. Proposed Joint Water Board. Mr. Leonard H. Brown, Engineer and Manager of the Northampton Corporation Water Undertaking, issued a report in November, 1944, on the resources and policy of the Corporation Undertaking. It was suggested in this report that Pitsford Reservoir which the Corporation are to construct under the Northampton Corporation Act, 1943, should be built to its maximum capacity and from this new reservoir practically the whole of the County Borough and Administrative County could be supplied. It was also suggested that a Joint Water Board should be formed to control the proposed water undertaking. At the end of the year a preliminary meeting had been held of all water undertakings in the County, but no concrete proposals had been formulated by that time.

4. DRAINAGE AND SEWERAGE.

The County Council agreed to grant assistance under Section 307 of the Public Health Act, 1936, subject to the reservation to review and if necessary to revise their rate of contribution in the event of any change of circumstance taking place in regard to the parish or scheme itself, towards the cost of sewerage scheme for the parishes of Billing and Weston Favell, an annual contribution estimated at £153.

SECTION D.

Housing.

The County Council acting on the recommendations contained in the Hobhouse Report on Rural Housing, set up a Joint County Committee consisting of representatives of the County Council and of the Rural District Councils, and the first meeting of this Committee was held at the County Hall on 28th September, 1944. Mr. W. A. Thornton, Chairman of the Daventry Rural District Council, was appointed Chairman of the Joint Committee and Lord Henley, Chairman of the County Council, as Vice-Chairman, together with the Clerk of the County Council as Honorary Secretary.

At the first meeting the Joint Committee decided that the procedure should be as follows :

- (1) That an Annual Meeting of the Committee be held in May each year, at which the Chairman and Deputy Chairman be elected for the ensuing year.
- (2) That the constituent authorities be authorised to appoint deputies for their nominated representatives, to attend meetings of the Joint Committee in the unavoidable absence of such representatives.
- (3) That there be no co-option of additional members on the Joint Committee.
- (4) That eight members do form a quorum of the Joint Committee.
- (5) That the duties of the Joint Committee be those as detailed in paragraph 115 of the Report of the Hobhouse Committee and also paragraph 8 of the Ministry of Health Circular 64/44, namely :

Paragraph 115 of the Report of the Hobhouse Committee :

To consider ways and means of improving the general level of rural housing throughout its area under existing statutory powers, and to give special consideration to :

- (i) Measures for securing the best standards of housing throughout the county.
- (ii) Arrangements for the comprehensive survey and periodic inspection of rural housing conditions.
- (iii) The adoption of more uniform standards for demolition, reconditioning and repairs.
- (iv) Consideration of the working of the Housing (Rural Workers) Acts in the county.
- (v) Consideration of the adequacy of housing programmes within the county.
- (vi) Measures for assisting rural districts with an exceptionally heavy rate burden either directly due to housing expenditure or through the provision of water supplies or sewerage.
- (vii) Arrangements for mutual aid between authorities, in such matters as loan of officials, bulk purchase, or other matters common to two or more districts.

Paragraph 8 of the Circular letter :

To have general regard to the present condition of rural housing within the county during the war, and take action as soon as it is in order to secure the fullest possible use throughout the county of all available building labour on repairs.

That the Northamptonshire County Council be recommended to consider the appointment of a County Sanitary Officer.

That the press be admitted to future meetings, it being understood that the Joint Committee reserve the right to adopt the normal practice of resolving itself into committee should it be necessary or desirable to do so.

The Joint Committee also decided to appoint a technical Sub-Committee to consist of all officers of the Rural District Councils concerned with housing, together with the appropriate officers of the County Council.

The technical Sub-Committee met in October and appointed Mr. Clifford E. Jones, Clerk of the Northampton Rural District Council, as Chairman. Two further Sub-Committees were appointed by this Technical Sub-Committee, namely, the Standards and Records Sub-Committee, and the New Houses Sub-Committee. The former of these two Sub-Committees consist of the Medical Officers and Sanitary Officers of the Rural District Councils, and the appropriate Officers of the County Council, and the question of reporting on the standards for the classification of houses, and the uniform methods of record and procedure were remitted to them for consideration and report. The second Sub-Committee consists of two officers from each of the Rural District Councils, and in the case of the County Council, the County Medical Officer of Health and the Acting County Planning Officer. A number of meetings of these two Sub-Committees were held, the Standards and Records Sub-Committee being under the Chairmanship of the County Medical Officer of Health and the New Houses Sub-Committee under the Chairmanship of Sir John Brown, K.C.B., F.R.I.B.A., Architect of the Towcester Rural District Council.

The Standards and Records Sub-Committee presented a report on a "Northampton County Rural Standard" for houses, which was adopted by the Joint County Committee as a prescribed standard to which all houses in the county should be raised within a period of ten years after the end of the war in Europe.

The following is a copy of the Report which has been adopted by the Joint Committee.

NORTHAMPTONSHIRE

JOINT COUNTY COMMITTEE ON RURAL HOUSING.

REPORT OF THE STANDARDS AND RECORDS SUB-COMMITTEE.

At their first meeting your Sub-Committee had submitted to them a memorandum which had been prepared by representatives of the medical officers and sanitary inspectors, the basis of the memorandum being that a standard should be specified to which all houses in the County should be raised within a period which, it was suggested, might be ten years. Your Sub-Committee were in agreement with this principle and have given detailed consideration to the standard, which they propose should be entitled "The Northampton County Rural Standard." They suggest that, in order to satisfy this standard, all houses should comply with the following requirements :

- (1) Situated on a site to which air and light have free access.
- (2) Of sound structural repair in respect of walls, roof, floor and fittings.
- (3) Well paved paths to front and back of house.
- (4) Free from dampness.
- (5) Adequate and through ventilation.
- (6) Adequate natural lighting.
- (7) Efficient drainage.
- (8) Separate water closet or satisfactory earth closet.
- (9) Satisfactory cooking facilities.
- (10) Satisfactory clothes washing facilities.
- (11) Food store, well ventilated and of adequate size.
- (12) Satisfactory sink.
- (13) Fixed bath.
- (14) Handrails to stairs.
- (15) Water supply laid on.
- (16) Good internal arrangement, in particular, each bedroom having separate means of access.
- (17) Adequate outbuildings (*a*) for fuel, (*b*) for other storage.
- (18) Secondary means of access.
- (19) Domestic hot water installation.
- (20) Adequate artificial lighting.
- (21) Refuse disposal.
- (22) Decorative repair.

Set out in Appendix I. to this Report are extracts from the memorandum which was submitted to your Sub-Committee, amended in accordance with their suggestions, giving details of the considerations attaching to the adoption of the Northampton County Rural Standard, while in the second Appendix to the Report are more comprehensive details thereof.

R.1. Your Sub-Committee recommend :

That the Northampton County Rural Standard, as referred to above and set out in Appendix II. to this Report, be adopted by the Joint County Committee as a prescribed standard to which all houses in the County should be raised within a period of ten years from the end of the war in Europe.

Staffing. Your Sub-Committee have considered the question of staffing which was referred to them in the light of the memorandum prepared by the representatives of the medical officers and sanitary inspectors.

The Hobhouse Committee made the following references to staffing needs. " We consider that an efficient and zealous staff with proper qualifications and sufficiently numerous to carry out the work is an essential pre-requisite to good housing and that each council should review its arrangements to this end before commencing the long-term programme."

A suggested standard is that for every 2,500 to 3,000 houses included in the survey, if this is to be completed within one year from the end of the war in Europe, there should be one whole-time qualified technical officer ; if, as is expected, such officers cannot be found, the most suitable persons available should be recruited. All staff engaged on surveys in connection with housing will work under the general direction of the district medical officer of health.

Your Sub-Committee discussed the type of persons who might be recruited to assist in the work of the survey, the view being expressed that some builders' managers or builders' costing clerks might be suitable if they were available. The opinion was also expressed that a useful purpose might be served if the competent authorities arranged for a short course of instruction for persons willing to accept employment on the survey.

Adequate clerical assistance is necessary for the keeping of proper records, which are essential to the carrying out of the survey, and the opinion has been expressed that one whole-time clerk should be appointed for every two officers engaged upon the survey, with a minimum of one clerk in each district.

Your Sub-Committee feel that the need for clerical assistance in relation to the survey might be met from existing staffs of district councils engaged on work arising from the war, such as fuel control or food rationing.

Records. Records required in relation to housing surveys fall into two groups, (a) those required for the survey and (b) those needed for the long-term programme. As regards records required for the survey, it is suggested that it would be advantageous if uniform survey record sheets were used by all the rural districts in the County because this would assist to some degree in maintaining uniformity of standards. Consideration has been given to the question as to whether details of overcrowding should be included in the preliminary survey, and the conclusion has been reached that since Northamptonshire is a reception area any information on overcrowding collected at the present time would be of little or no value as a guide to housing authorities upon the needs of the post-war period. Your Sub-Committee have settled a specimen survey sheet, a copy of which is attached as Appendix III. to this Report.

It is proposed that the County Council should invite quotations for the bulk printing of the record and arrange either for its bulk purchase by the County Council and re-sale to the district councils or for the district councils to be afforded facilities for ordering under the most favourable quotation received.

In respect of the records for the long-term programme, there will be required (i) working sheets and (ii) office records. Your Sub-Committee are again of the opinion that uniform records should be employed by the district councils throughout the County, but this is a subject which will be considered at a later stage.

Labour on Repairs. As regards the reference to the Joint Committee of paragraph 8 of the Ministry of Health circular 64/44 as to the present condition of rural housing within the County and the taking of action as soon as it is in order to secure the fullest possible use of all available labour on repairs, your Sub-Committee are of opinion that, owing to the diversion of all available building labour to areas damaged by enemy action, no suggestions can usefully be put forward at this stage.

It has, however, been agreed that if in any particular case of urgency, difficulties be experienced in obtaining certificates of essentiality, details should be forwarded to the Honorary Secretary so that consideration may be given to the possibility of taking some action.

C. M. SMITH,
Chairman.

15/12/44.

APPENDIX I. TO REPORT OF STANDARDS AND RECORDS SUB-COMMITTEE.

EXTRACTS FROM THE MEMORANDUM SUBMITTED TO THE SUB-COMMITTEE.

If the standard suggested or any other "best" standard is adopted by the Joint Committee, we have next to consider how it can be reached, bearing in mind that we must proceed under existing statutory powers, that is, by orders under the Housing Acts, by which houses are repaired, reconditioned, closed or demolished. We must at this stage turn to the statutory definition of fitness for human habitation which is contained in Section 188(4), *viz.*, "In determining for purposes of this Act whether a house is fit for human habitation, regard shall be had to the extent, if any, to which by reason of disrepair or sanitary defects the house falls short of the provisions of any bye-laws in operation in the district or of any enactment in any local

Act in operation in the district dealing with the construction of new streets or of the general standard of housing accommodation for working classes in the district." Sanitary defects as defined in Section 188(1) include "lack of air space or ventilation, darkness, dampness, absence of adequate and readily accessible water supply or sanitary accommodation or of other conveniences, and inadequate paving or drainage of courtyards or passages."

In Northamptonshire no rural district council has made bye-laws under Section 6 of the Housing Act, 1936, and accordingly the standard of fitness is the extent to which by reason of disrepair or sanitary defects the house falls short of the general standard of housing accommodation for the working classes in the district. The general standard then is the yard stick, and action can be taken in respect of houses which are below the general standard beginning with the worst. In this way, and also as the result of the erection of new houses, and of reconditioning under the Housing Act, 1936, and the Housing (Rural Workers) Acts, 1926-38, the general standard throughout each district will be raised, the speed being dependent on the degree of activity of the rural council in housing affairs.

Commenting on the statutory powers of housing authorities the Hobhouse Committee stated as follows (paragraph 55) :

"In fact, however, the scope of the Statutes in their present form is very wide, and apart from certain changes in national policy which restricted action, the more progressive housing authorities have been seldom prevented by lack of powers from carrying out their objectives."

The difficulty must be faced that the proposed Northampton County Rural Standard includes certain features, such as, (a) fixed bath, (b) water laid on, (c) adequate outbuildings, (d) adequate artificial lighting, (e) secondary means of access, (f) domestic hot water installation, all of which are at present possessed by only a few of the existing working class houses in the rural districts. To take an example, if a rural council called on an owner to provide a fixed bath as part of the reconditioning scheme under Section 11 of the Housing Act, 1936, the council would in the years immediately after the end of the war possibly lose the case if an appeal were made to the County Court because most houses do not at present have fixed baths. At the end of a period which, as already suggested, might be ten years, it is hoped that most working class accommodation will include fixed baths and then rural councils would, in our opinion, be able to insist on this provision. Similar considerations apply to the other requirements already referred to in this paragraph. They all make a house not only more convenient but a healthier house to live in, and none of them can be regarded as luxuries. They might well be termed sanitary conveniences. The question whether a dwelling-house is unfit for human habitation or not "is a question of fact to be determined by the local authority in a judicial spirit. The standard to be applied is that of the ordinary reasonable man." All the new houses to be constructed after the war will, without doubt, comply with the proposed Northampton County Rural Standard. Will any reasonable man contend that the existing houses that are to survive after the lapse of, say, ten years from the end of the war, should not have all the requirements we propose?

Before dealing with arrangements for the survey, uniform standards for demolition, reconditioning and repairs must be considered. The only practicable method of securing uniformity, in our opinion, is by affording opportunities to medical officers and sanitary inspectors of seeing the standards in current practice in other districts in the County. In this connection, the County Sanitary Officer, if appointed by the County Council, will be able to perform a valuable function because from his knowledge of rural housing conditions throughout the County, he will be able to give an opinion which will assist in the formation of more uniform standards.

Arrangements for the survey. The appendix to circular 64/44 sets out the categories into which all houses included in the survey should be included.

Although we have described our proposed Northampton County Rural Standard to be attained in ten years, houses to be included in the survey must be classified in accordance with the standard of fitness in current practice, that is, the acid test is whether at the time the houses

do or do not, by reason of disrepair or sanitary defects, fall below the general standard of housing accommodation in the district. To give an example : at the time of inspection a house may be found free from defects but lacking a domestic hot water installation. As explained in the paragraph above, such a house could not be regarded as unfit in this respect, until the time is reached when the general standard includes the provision of a domestic hot water installation.

In making the classification we advise that the following amplifying notes be taken as a guide.

All houses owned by local authorities should be included in the survey, and many of them will in time require improvements to bring them up to the proposed Northampton County Rural Standard.

<i>Category and Condition of Dwelling.</i>	<i>Action to be taken and Notes.</i>
1. Satisfactory in all respects.	No action necessary.
2. Minor defects.	Informal action or Public Health Act.
3. Requiring repair, structural alteration or improvement—not eligible for assistance under the Housing (Rural Workers) Acts.	Unfit for habitation but capable of being made fit at reasonable expense.* Action under Section 9. Acquisition by local authority in appropriate cases.
4. Same as 3, but eligible for assistance under the Housing (Rural Workers) Acts.	Action under Housing (Rural Workers) Acts or Section 9. Acquisition by local authority in appropriate cases.
5. Unfit for human habitation and beyond repair at reasonable expense.	Unfit and not capable of being made fit at reasonable expense. Action under Section 11 or Section 25 (Clearance Areas).

* *Reasonable expense should, we suggest as an approximate guide, be regarded as not exceeding two-thirds of the value of the house after reconditioning.*

APPENDIX II. TO REPORT OF STANDARDS AND RECORDS SUB-COMMITTEE.

NORTHAMPTON COUNTY RURAL STANDARD.

(1) **Air space around Buildings.** This should generally comply with the Ministry of Health model building bye-laws under the Public Health Act, 1936, relating to "Space about Buildings."

(2) **Structural soundness.**

Walls. There should be no doubt as to the stability of the walls and if shrinkage or sinking is evident, satisfactory treatment should be possible. Particular attention should be paid to timber, wattle or mud walls. While such walls need not necessarily be condemned because of their structure, the question often arises whether the expenditure of full reconstruction is justified. There should be no rising or surface penetration of dampness, and, if so, remedies should be possible.

Roof. Weather tightness is of course essential and the roof timbers should be sound.

Floors. Should be sound, well ventilated where necessary. Free from dampness. Brick floors should not be regarded as satisfactory.

Fittings. Windows, window frames, doors and all joinery should be firm and sound. Window and door furniture in good condition.

(3) **Paving.** The approaches to house doors, closets, outbuildings, etc., should be impervious paving (not brick) laid to proper falls and not less than 3'6" in width.

(4) **Absence of excessive dampness.** Excessive dampness either rising or penetrating unless satisfactorily remediable should call for condemnation. Wherever possible, rising dampness should be remedied by insertion of a permanent damp course.

(5) **Ventilation.** Through or cross ventilation should be obtainable and each habitable room should have means of permanent ventilation by way or means of fireplace, flue or ventilators.

(6) **Natural Lighting.** Each habitable room and offices should be provided with a window extending as near as possible to the top of the room. The size of the windows should be up to bye-law standard of one-tenth of floor space with half made to open.

Ceiling Height. Where extensive reconstruction is called for, bye-law height of 8 feet should be required. In properties where floors and roofs are not to be raised, and the lighting and ventilation is or will be made adequate, a height of 7 feet could be allowed, measured in accordance with the model bye-laws relating to room height.

(7) **Drainage.** There should be drainage for sink and other waste. Pipes should be of sound construction and water-tight, passed by a water or other test. Drains if not connected to a main drainage system should discharge into a properly constructed cesspool or filter.

(8) **Closet accommodation.** This should be separate to each house and conform with the model bye-laws.

(9) **Cooking arrangements.** If by solid fuel, the stove, etc., should be in sound condition of repair, efficient for its purpose and sufficient in size. If not by solid fuel, facilities for gas or electricity service should be provided where available.

(10) **Clothes Washing arrangements.** This should be separate from the living part of the house and a copper and, if practicable, separate sink with water laid over should be provided.

(11) **Food Storage.** This should be not less than 15 sq. ft. in floor area. Well lit and ventilated from the external air with impervious walls and ceiling and, if possible, situated on the northern or eastern aspect. The window should be of not less than 2 sq. ft. in area of which half should open and be fitted with fly screen. Adequate shelving should be provided.

(12) **Kitchen Sink.** A standard sized sink of 10 inches in depth should be provided with properly connected waste and, if piped water supply is available, with water laid over.

(13) **Bath.** A fixed bath of recognised size should be provided, preferably fitted in a separate bathroom. Piped water supply, if available, should be laid on.

(14) **Handrails.** All staircases should be provided with strongly fixed handrails.

(15) **Water Supply.** Piped water supply, if available, should be laid on to the house and piped to the sinks, bath, copper and to other essential fittings. If the water supply is from a well, this should be proofed against surface contamination, covered and fitted with a pump. Adequate and covered storage for rain water of not less than 100 gallons capacity should be provided.

(16) **Internal design.** This must be satisfactory and in particular each bedroom must have a separate means of access.

(17) **Outbuildings.** Storage accommodation should be provided for (a) fuel of at least 40 square feet floor area, and (b) for other purposes of at least 70 square feet.

(18) **Secondary approach and secondary means of entry.** Each dwelling should be provided with a secondary approach and secondary entry.

(19) **Domestic hot water supply.** This should ultimately be provided in every house where piped water is available.

(20) **Artificial lighting.** Electricity or gas should, where practicable, be available for efficient lighting in each habitable room, staircase, landing and offices.

(21) **Refuse disposal.** Where there is regular collection of household refuse a recognised standard of dustbin should be provided. Where a regular collection is impracticable a properly sited and constructed ashpit should be required.

(22) **Decorative repair.** This should include plaster, joinery, fittings, etc., and where conditions are dirty, at least stripping, cleansing and colour-washing.

(23) **Cupboards.** Cupboard accommodation in accordance with accepted standards should be provided.

(24) **Ceilings.** All habitable rooms and soffit of stairs shall be properly ceiled.

(25) **Material required for reconstruction and also design.** The requirements of the Town and Country Planning Acts must be complied with.

APPENDIX III. TO THE REPORT OF THE STANDARDS AND RECORDS
SUB-COMMITTEE.

(Obverse)

NORTHAMPTONSHIRE.

RURAL HOUSING SURVEY—PRELIMINARY INSPECTION.

District	Parish	
Address		Ref. No.
.....		Assess. No.
Occupier	Rent.....	R. V.
	Rates	
Owner's Name and Address		
.....		
No. of { Living		
Rooms { Sleeping		

Damp Course	Structure :
Dampness	(a) Walls
Room Height	(b) Roof
Natural Lighting	(c) Floors
Window Ratio	(d) Fittings (doors, cupboards and
Fixed Bath.....	grates)
Closet	(e) Stairs
Water Supply	Larder
Paving	Sink
Air Space	Cooking
Outbuildings :	Washing
(a) Fuel	Artif. Lighting
(b) Other.....	Handrail
Secondary Access	Decorations
Drainage	Vermin

Is it reasonable and practicable to provide items lacking above ?

Category :

Date..... Signed

/For endorsement see overleaf.

(Reverse)

No. of Occupants					Families		Lodgers
					1.	2.	3.
Male :	Over 10	...	...	...
	Under 10	...	...	...
Female :	Over 10	...	...	...
	Under 10	...	...	...
TOTAL							

Remarks:

SECTION E.

Inspection and Supervision of Food.

1. MILK SUPPLY.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1936 and 1938.

The County Council granted 33 Tuberculin Tested licences and 30 Accredited licences ; in the same period one Tuberculin Tested and 29 Accredited milk producers relinquished their licences or removed. At the end of the year there were 89 Tuberculin Tested and 308 Accredited licences in force in the County, a further increase over the previous year in the case of Tuberculin Tested licences. Two licences to bottle Tuberculin Tested milk were granted and one to bottle Tuberculin Tested milk was cancelled so at the end of the year, there were 13 producers licenced to bottle Tuberculin Tested milk. One Accredited bottling licence was granted and four were cancelled and at the end of the year there were nine licences in force.

Of the 89 Tuberculin Tested herds in the County, 30 were, at the end of the year, entered in the Register of Attested Herds of the Ministry of Agriculture and Fisheries.

There were 3,712 samples of Tuberculin Tested and Accredited milk collected and examined during the year, a decrease of 10% under the previous year, of which 2,824 (77%) were satisfactory; in calculating this percentage, all unsatisfactory samples are taken into account, including repeat samples from farms at which the methods of production are not up to standard. Of these 3,712 samples of milk, 2,033 (or 55%) were taken at depots, and 1,679 (or 45%) from farms at milking times.

It was necessary to submit to the Special Quorum appointed by the Public Health, etc., Committee, reports concerning 3 Accredited producers whose methods of milk production were unsatisfactory. One licence was suspended without qualification, the other two were suspended until such time as the licensee could submit three satisfactory milk samples. These licences were not re-granted.

NON-DESIGNATED MILK SUPPLIES.

Under the Milk and Dairies Order, 1926, 1,318 samples were taken by District Sanitary Inspectors for bacterial examination by the Methylene Blue and Coliform Tests at the County Laboratory ; these gave the following results :

Good keeping quality	952 (72%)
Moderate keeping quality	228 (17%)
Bad keeping quality	138 (11%)

MILK AND DAIRIES ACTS AND ORDERS.

The following table gives a list of inspections carried out by the Veterinary Inspectors of the Ministry of Agriculture and Fisheries :

INSPECTION OF DAIRY COWS.

(a) Clinical Inspection :	<i>No. of Herd Inspections</i>	<i>No. of cattle examined</i>
“ Tuberculin Tested ” and “ Certified ” Herds	121	9,688
Accredited or Standard Herds	1,143	23,877
Non-designated Herds	1,608	21,243

(b) Tuberculin Testing of "Tuberculin Tested" and "Certified" Herds :
(other than Attested Herds)

No. of cattle tested	5,981
No. of Reactors found	130

(c) Tracing sources of tuberculous milk :

No. of investigations outstanding from previous quarters	2
No. of initial reports from Medical Officers of Health	3
No. of herds involved	3
No. of cases of tuberculosis of the udder found	1
No. of investigations not yet completed	1

TUBERCULOSIS (ATTESTED HERDS) SCHEMES.

No. of Attested Herds	29
No. of Supervised Herds	1

2. MEAT AND OTHER FOODS.

No action was taken under the Public Health (Condensed Milk) Regulations, 1923-1927, the Public Health (Preservatives in Food) Regulations, 1925-1927 or the Public Health (Dried Milk) Regulations.

3. ADULTERATION, etc.

FOOD AND DRUGS ACT, 1938.

The County Public Analyst (E. Voelcker, Esq., A.R.C.S., F.R.I.C.) has reported as follows :

During the year ended 31st December, 1944, 612 samples have been submitted under the above Act, and of this number 103, or 16.8 per cent. were returned as being either adulterated or below standard.

The list of samples is as follows :

Milk	531	Brought forward	569
Separated Milk	1	Pork Sausages	8
Butter	4	Pork Sausage Meat	1
Margarine	2	Sage and Onion Stuffing	2
Lard	2	Malt Vinegar	1
Mustard	1	Whisky	7
Tea	1	Whisky Cocktail	1
Coffee	2	Gin	10
Coffee essence with Chicory	2	Portugese Brandy	1
Coffee with Chicory	1	Rum	4
Chocolate Pudding Mixture	1	Brandy	2
Golden Sponge Pudding	1	Fruit Cup, Orange Base, Alcoholic.....	1
Baking Powder	1	Brompton Syrup	1
Self Raising Flour	4	Glycerine, Lemon and Wild Cherry with Honey	1
Malt, Milk and Egg	1	Extract of Malt with Cod Liver Oil	3
Saccharin Tablets	2		
Gelatin	3		
Jams	9		
			<hr/>
			612
			<hr/>
	569		

MILKS. During the past year, 532 samples in all have been submitted and of this number 13 were taken as "appeal-to-cow" samples and one was a separated milk. Of the remaining 518 samples taken in ordinary course as many as 94 or 18.1 per cent. were unsatisfactory and were as follows :

<i>Quarter.</i>	<i>Added water.</i>	<i>Deficiency in fat.</i>	<i>Deficiency in S.N.F. but not due to added water.</i>	<i>Total No. of Milks unsatisfactory.</i>
March ...	27	2	—	29
June ...	23	4	2	29
September	4	10	13	27
December	4	5	—	9
TOTAL ...	58	21	15	94

Of the remaining number of unsatisfactory samples, 7 were of spirits which all contained added water, one was a sample of Coffee and Chicory essence which was about as poor an article of this class as I have ever examined and the other sample was one of Extract of Malt with Cod Liver Oil. This sample had separated out and was some 29.6% deficient in Cod Liver Oil. This deficiency may in some part be due to the fact that the article was no longer a proper emulsion and some of the oil had exuded from the container.

The rest of the samples were satisfactory.

During the War many and various drinks have appeared on the market. First to come was the so-called Cordial that contained neither sugar nor fruit juice, but was sweetened with saccharin or dulcin and flavoured either synthetically or with the essential oil of the fruit after which the drink was named. With the advent of the Soft Drinks Order, 1943, these drinks along with the "non-alcoholic wines" had to disappear and in their place cordials to a standard formula containing sugar were made by the licensed manufacturers. Next to appear were the Tonic Wines, Restoratives for jaded nerves, etc., with a printed formula on the label in order to conform with the requirements of the Pharmacy and Medicines Act, 1941. These consisted generally of a one per cent. solution of Iron and Ammonium Citrate in water, suitably coloured and flavoured and made to smell interesting by the addition of a small amount of chloroform water. Now up to date with the somewhat acute shortage of spirituous liquors there have appeared a veritable legion of various concoctions described as cocktails. These liquids are prepared ready for consumption and nearly always bear distinctive and highly coloured labels. The basis of many of these concoctions is ordinary cider. Whilst I have no reason to doubt that some of these drinks are perfectly wholesome, although not always very palatable, there are some on the market that are a real source of danger to the consuming public by reason of the presence of industrial methylated spirits. Although no such samples have been taken in the County, I have found in two samples taken in an adjoining County methylated spirits in two so-called cocktails.

(Signed) ERIC VOELCKER.

Public Analyst for Northamptonshire.

The Chief Inspector of Food and Drugs (Mr. A. E. Waller) reports :

Proceedings were instituted during the year with the following results :

MILK.		<i>Fine</i>	<i>Costs</i>
		£ s. d.	£ s. d.
9.4 per cent. Added Water	.....	5 0 0	2 12 6
12.8 " " " "	.....	5 0 0	
10.3 " " " "	.....	5 0 0	
6.6 " " " "	.....	5 0 0	
31.1 " " " "	.....	7 0 0	
6.6 " " " "	.....	3 0 0	
6.6 " " " "	.....	2 0 0	

MILK (cont.)

				<i>Fine</i>			<i>Costs</i>		
				£	s.	d.	£	s.	d.
5.0	per cent.	Added Water	.....	1	0	0			
16.0	"	"	"	5	0	0	1	11	6
5.6	"	"	"	3	0	0	2	2	0
12.2	"	"	"	3	0	0			
2.8	"	"	"	3	0	0			
6.6	"	"	"	3	0	0			
62.4	"	"	"	20	0	0	4	2	6
23.5	"	"	"	10	0	0			
11.5	"	"	"	10	0	0			
2.8	"	"	"	10	0	0			
5.6	"	"	"						
4.7	"	"	"						
5.6	"	"	"						
6.6	"	"	"	4	11	0	10	10	0
7.1	"	"	"						
7.5	"	"	"						
7.5	"	"	"						
18.3	"	"	"	20	0	0	20	14	0
6.6	"	"	"	2	0	0			
4.7	"	"	"	2	0	0			
3.7	"	"	"	2	0	0			
3.7	"	"	"	2	0	0			
7.5	"	"	"	2	0	0			
10.3	"	"	"	2	0	0			
5.6	"	"	"	2	0	0			
9.8	"	"	"	2	0	0			
6.9	"	"	"	2	0	0			
27.3	"	"	"	2	0	0			
6.0	"	"	"	15	0	0	8	18	6
6.9	"	"	"	15	0	0			
3.2	"	"	"	15	0	0			
2.6	"	"	"	15	0	0			
16.0	"	"	"	3	0	0	2	12	6
5.0	"	"	"	2	0	0	1	1	0
9.4	"	"	"	5	0	0	1	1	0
18.3	"	"	"	5	0	0	4	4	0
9.8	"	"	"	5	0	0	1	1	0
7.1	"	"	"	15	0	0	3	11	6
18.6	"	"	Deficient in fat	5	0	0	3	3	0
57.3	"	"	"	5	0	0	1	11	6
14.6	"	"	"	5	0	0	1	1	0
SPIRITS.									
Rum—30.6 per cent. added water.....				5	0	0	3	1	6
Brandy—27.1 per cent. added water				5	0	0	3	7	6
Gin—11.7 per cent. added water				10	0	0	19	0	
Whisky—10.2 per cent. added water				10	0	0	19	0	
Rum—8.4 per cent. added water				5	0	0	5	5	0
Gin—14.6 per cent. added water				10	0	0	13	13	0
Whisky—26.3 per cent. added water				10	0	0	4	13	0
Obstruction of Sampling Officer				5	0	0			
				2	0	0			
				£316 11 0			£101 15 6		

TOTAL—£418 6 6

A comparative table is given shewing the number of samples taken, the number reported against and the results of prosecutions for the last five years.

<i>Year.</i>	<i>Samples submitted for analysis.</i>	<i>Samples reported against. Number.</i>	<i>Percentage.</i>	<i>Amount of fines and costs in prosecutions.</i>
1940	561	65	11.6	£107 9 6
1941	565	81	14.3	£296 16 3
1942	577	42	7.3	£98 8 0
1943	560	39	7.0	£34 1 6
1944	612	103	16.8	£418 6 6

It will be seen that the year under review provides a record number of adulterated samples and also a record figure for fines and costs imposed in respect thereof.

There was an increase of 72 in the number of milk samples taken and an increase of 52 in the total samples of all kinds. The importance of milk as a food together with the small quantity available to ordinary non-priority consumers made it necessary that greater attention than usual should be paid to sampling. The figure of 94 unsatisfactory samples or 18.1 per cent. of the milks taken, constitutes an unenviable high record. It would be erroneous, however, for it to be assumed that 18.1 per cent. of the milks sold within the County were adulterated or otherwise below standard. For instance, 45 milks containing added water were procured from 13 producers, whereas in many cases of genuine milk only one sample would have been taken.

In the same way, 7 out of 25 spirit samples were found to be excessively diluted with water and it would be unfair to the licensed trade to assume that 28 per cent. of spirits sold in licensed houses were adulterated. The 7 samples were procured from 5 licensed victuallers and were taken by reason of enquiries and observations made beforehand.

Despite the above explanations it cannot be overlooked that the adulteration of milk has reached an alarmingly high level both in regard to the number of samples and, in some instances, in the high percentage of water added.

One producer who was selling watered milk on 3 successive days, had previous convictions in respect of adulterated milk dated 1939, 1940 and 1942. Another producer who was fined for selling watered milk on two successive days in February was again convicted in October. Two other producers who were successfully proceeded against had previous convictions for similar offences.

The facts concerning the very poor sample of Coffee and Chicory Essence were transmitted to the Ministry of Food under whose licence the article had been made. It can now be reported that the Minister has made a Standards Order fixing the minimum amount of coffee and chicory that such an essence should contain.

MILK IN SCHOOLS.

The results of the informal testing of 103 samples of milk supplied to schools within the County were again very satisfactory. In 5 cases it was necessary to have formal samples taken for submission to the Public Analyst. One such sample shewed 9.8 per cent. added water. The average fat and solids-not-fat figures for school milk have also been satisfactory, being 3.57 and 8.75 per cent. respectively.

SECTION F.

Prevalence of, and Control over, Infectious and other Diseases.

1. ISOLATION HOSPITAL ACCOMMODATION.

Under the Scheme for the provision of adequate hospital accommodation, the County is divided into three areas, *viz.*, Western, Kettering and Eastern. The Joint Hospitals are situated at Staverton, Kettering and Wellingborough respectively and are in each instance administered by Joint Hospital Boards.

2. INFECTIOUS DISEASES AND VACCINATION.

Smallpox. No case was notified.

Vaccination. The statistics of vaccination for 1943 (the latest year available) show a decrease in the number of successful vaccinations in the Administrative County, the percentage of successful vaccinations to registered births being 20.0 as compared with 23.0 for the year 1942. The highest percentages were in the Guardians Areas of Daventry (29.6) and Brixworth (28.8), and the lowest in the Guardians Area of Wellingborough (12.1).

Scarlet Fever. 366 cases were notified as against 458 in 1943. There were 175 cases notified in the Urban as compared with 191 in the Rural Districts. No county district escaped infection during the year. There were 67 cases notified in the Borough of Kettering, 38 cases in Wellingborough Urban District, 16 cases in Rothwell and 17 cases in Rushden Urban Districts. All other Urban Districts had less than 10 notifications. In the rural areas the maximum number of cases again took place in Brixworth, where 40 notifications were received, but in no other instance was the number less than twelve. The infection was generally of mild clinical type and no deaths were ascribed to this disease.

Diphtheria. The number of confirmed cases of diphtheria which were notified in the county totalled 51. Of this number, 36 occurred in Urban Districts and 15 in the Rural Districts. Six of the Urban Districts and three of the Rural Districts were completely free from diphtheria. The maximum number of cases which occurred in the Urban Districts was at Wellingborough (16) and in the Rural Districts the Oundle and Thrapston District had six. The number of cases showed a decrease from 61 in the year 1943 to 51 in 1944. There were five deaths ascribed to diphtheria in 1944 as compared with a similar number in 1943.

Typhoid Fever. There were seven cases notified, all in the Wellingborough Rural District.

TYPHOID FEVER.

BRIEF ACCOUNT OF A SMALL OUTBREAK.

In a village with a population of about 180 in the Wellingborough Rural District there were notified in August, 1944, four cases of typhoid fever and in September, three further cases were reported. The following table gives the main details of the cases :

No. of Case.	Initials of Case.	Age.	Sex.	No. of House.	Date of first symptoms.	Primary or Secondary.	Milk Supply.
1	J.W.	7	F.	5	22.7.44	Primary.	Local retailer supplying pasteurised milk from Depot and probably raw milk from Farm X.
2	Mrs. C.	56	F.	22	25.7.44	Primary.	Local retailer supplying raw milk from Farm X.
3	M.P.	16	F.	12	28.7.44	Primary.	Raw milk direct from Farm X.
4	E.W.	15 $\frac{1}{12}$	F.	5	About 4.8.44	Secondary. Sister of Case No. 1.	Same as Case No. 1.
5	Mrs. W.	29	F.	5	26.8.44	Secondary. Mother of Case No. 1.	Ditto.
6	Mr. P.	45	M.	12	3.9.44	Secondary. Father of Case No. 3.	Same as Case No. 3.
7	Mrs. F.	74	F.	16	17.9.44	Primary.	Local retailer supplying raw milk from Farm X.

Sanitation.

The sanitation of the village was unsatisfactory. The water supply was obtained from five shallow wells all of which were grossly contaminated, *B. coli* of faecal type being isolated on bacteriological examination. Bucket closets were used, the contents being disposed of in the cottagers' gardens which were all situated at a slightly higher level than the wells. As only four primary cases became ill over a period of eight weeks and as the sanitation was so unsatisfactory, suspicion first fell on the possibility of a water-borne infection, particularly as the bacteriological examination showed the presence of *B. coli* of faecal type.

Milk Supply.

There were two main sources of supply in the affected village. Out of a total of thirty-six houses, twenty-two were supplied by a local retailer, the remaining fourteen being supplied with pasteurised milk from a neighbouring Co-operative Society, which derived its supplies from a Wellingborough depot. The local retailer also supplied the neighbouring village where he distributed ten to twelve gallons of pasteurised milk received from a depot in Northampton. The residents in the adjoining village preferred pasteurised milk on account of its better keeping qualities. The six cottages in the affected village nearest to the adjoining village which was supplied with pasteurised milk were also supplied with the same type of milk by the retailer. At this stage in his round, the retailer went to a local farm, Farm X, where he drew five gallons of raw milk, which was delivered in the affected village. Cottage No. 6 was therefore the last house in the round to be supplied with pasteurised milk. In Cottage No. 5, however, the first case of Typhoid Fever occurred. The mother of the patient assured me that she was certain that she did not always receive pasteurised milk because at times the milk had not kept well, and she was sure that she had received raw milk.

Case No. 6, Mr. P., who lived in the affected village worked on Farm X and obtained his family supplies direct from the farm.

Bacteriological Investigation.

Investigation of the people employed at Farm X showed that one of the workers was a carrier, *B. typhosus* being isolated from the faeces.

Through the Emergency Public Health Laboratory Service, all the cultures from the patients and from the carrier at Farm X were sent for phage typing to Dr. Felix, who reported them all to be of the same type—type C. The worker on the farm who was found to be the carrier was not directly engaged on milk production, but he undertook milking every third weekend.

Summary of Evidence against Milk Supply from Farm X.

The evidence that the outbreak was due to infection of the milk at Farm X is as follows :

(a) The neighbouring village was supplied with pasteurised milk from Northampton by the same retailer and no cases were reported.

(b) In the affected village, no cases were reported in the fourteen houses supplied with pasteurised milk from Wellingborough.

(c) In three primary and one secondary cases, the milk supply was raw milk only from Farm X. In family W. in which there were one primary and two secondary cases, the milk supply, according to the retailer, was pasteurised, but the mother of the family was certain that she had received raw milk on occasion. As her house was situated at the point in the milk round where the supply was changed from pasteurised to raw, it is very probable that family W. was supplied with raw milk at times.

(d) A worker on Farm X, who milked every third weekend, was found to be a carrier of *B. typhosus*.

(e) Special bacteriological investigation of specimens from the patients and from the carrier at Farm X showed that the cultures were of the same phage type—type C.

(f) It is significant that the milk from Farm X was delivered to a neighbouring pasteurising depot except for about five gallons which was distributed as raw milk in the affected village by the local retailer.

The above evidence is regarded as almost conclusive.

Action taken.

When the unsatisfactory condition of the water supply was ascertained, immediate steps were taken by the District Medical Officer of Health to advise the inhabitants of the village to boil all water and milk supplies. At the beginning of the outbreak evidence against the milk had not been collected, but it was thought wise to advise that the milk should be boiled as a precautionary measure. An emergency water tank was placed on the village green by the National Fire Service and replenished with pure water as often as needed. The local Sanitary Authorities also took steps to provide a piped supply to the village as soon as possible.

When the investigation showed that the milk from Farm X was almost certainly the source of infection, arrangements were made for all the milk from this farm to be pasteurised in a neighbouring town. Further measures included the offer of protective inoculation to the inhabitants. Fifty-five persons attended the village hall for inoculation with T.A.B. vaccine on two occasions. Injections were given by the District Medical Officer of Health with assistance from the County staff.

I am indebted to Dr. J. Arthur, District Medical Officer of Health, for full information he has given me and to Dr. L. Hoyle of the Emergency Public Health Laboratory, Northampton, who kindly submitted full reports on the bacteriological work. C.M.S.

Paratyphoid Fever. Three cases were notified in the Urban Districts. Two in Kettering Borough and one in Desborough Urban District.

Erysipelas. Fifty-seven cases were notified as against 61 in 1943. Sixteen cases occurred in the Wellingborough Urban District and 11 in Kettering Borough.

Measles. 491 cases were notified as against 3,428 in 1943. There were no deaths.

Whooping Cough. 741 cases were notified as against 471 in 1943. Corby and Oundle Urban Districts were the only areas where cases were not notified. There were 8 deaths (2 male and 6 female) as against 4 in 1943.

Diarrhoea (*under two years of age*). There were ten deaths assigned to this cause as compared with three in 1943.

Puerperal Pyrexia : Ophthalmia Neonatorum. These diseases are dealt with under "Maternity and Child Welfare" in Section B. of this report.

Pneumonia (*Acute Primary and Acute Influenzal*). A total of 211 cases were notified as compared with 233 in 1943. The deaths from all forms of pneumonia amounted to 126 as against 124 in 1943.

School Closures. No action was considered necessary under Article 57 of the Elementary Education Provisional Code, 1922.

3. CANCER.

The facilities for treatment in the County were fully described in the Annual Report for the year 1936. As stated in the prefatory letter the County Council and Northampton County Borough Council have joined Berks., Bucks. and Oxon. Regional Hospitals Council for the preparation of a scheme under the Cancer Act, 1939.

4. DIPHTHERIA IMMUNISATION.

IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS.		
	<i>Under Five</i>	<i>Five to Fifteen</i>
No. immunised during 1944	3,014	1,175
Estimated percentage immunised	58%	84%
Notified cases of Diphtheria—		
amongst (1) Immunised	—	12
(2) Non-immunised	11	7
Deaths assigned to Diphtheria—		
amongst (1) Immunised	—	—
(2) Non-immunised	4	1

It will be noted from the above table that of the twelve children who contracted diphtheria and who were known to have been immunised, there were no deaths, whereas of the 18 non-immunised, there were 5 deaths. Except in Kettering Borough almost all the immunisations were carried out at Schools and Welfare Centres by the County Medical Staff.

5. TUBERCULOSIS.

The following figures compiled from the Returns of the District Medical Officers of Health show the position of the County as regards existing cases of Tuberculosis at the end of the year 1944.

<i>Pulmonary.</i>			<i>Non-Pulmonary.</i>			<i>Total</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Cases.</i>
686	581	1,267	257	232	489	1,756

Particulars of new cases of Tuberculosis and of all deaths from the disease in the area are shown below :

AGE PERIODS.	NEW CASES.				DEATHS.			
	PULMONARY.		NON-PULMONARY.		PULMONARY.		NON-PULMONARY.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	2	—
1—	1	1	3	3	—	—	6	3
5—	1	2	7	2	—	—	1	4
10—	1	5	1	3				
15—	24	16	6	2				
20—	23	37	4	9	32	33	6	5
25—	39	36	5	6				
35—	23	15	3	4				
45—	12	7	—	2	28	12	5	—
55—	10	2	1	2				
65—	6	—	—	1				
TOTALS ...	140	121	30	34	66	46	20	13

Forty-nine new cases were not notified in this Administrative County; these were transfers from other areas. There were nine posthumous notifications.

The total primary notifications of Tuberculosis among civilians amounted to 267—153 in the Urban Districts and 114 in the Rural Districts. Of this number, 207 were suffering from respiratory forms of the disease and 60 from other forms of Tuberculosis. There were 12 more primary notifications during 1944 than for the year 1943. Table III. in the Statistical Section shows the number of cases notified in each District.

There was no evidence of excessive incidence of tuberculosis in any particular occupation in the County. Persons engaged in the Boot and Shoe industry, however, accounted for 10 per cent. of the notifications.

MORTALITY. Respiratory—112 deaths (66 males and 46 females) occurred, 71 of which were in the Urban Districts and 41 in the Rural Districts.

Other Forms—33 deaths occurred from other forms of the disease (20 males and 13 females), 17 in the Urban Districts and 16 in the Rural Districts.

There were thus 145 deaths from all forms of tuberculosis as compared with 118 in 1943. The mortality rate was 0.62 per 1,000 of the population as against 0.50 in the previous year. The rate for the Combined Urban Districts was 0.73 and for the Combined Rural Districts, 0.50.

Details of Tuberculosis Mortality Rates will be found in Table V. on page 54.

TREATMENT OF TUBERCULOSIS.

Return relating to the work of the Dispensaries during the year ending 31st December, 1944.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year	442	328	22	22	61	64	66	55	503	392	88	77	1,060
(2) Transfers from other Authorities during the year	16	28	2	1	—	1	—	1	16	29	2	2	49
(3) Lost sight of cases returned during the year	—	—	—	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as tuberculous during the year ...													
(1) Class T.B. minus	51	36	2	4	—	—	—	—	117	93	9	13	232
(2) Class T.B. plus	50	38	—	2	—	—	—	—					
(3) Non-pulmonary	—	—	—	—	16	19	7	7					
C. Number of cases included in A. and B. written off the Dispensary Register during the year :													
(1) Recovered	13	19	2	2	3	4	11	6	16	23	13	8	60
(2) Dead (all causes)	57	40	—	—	6	1	1	—	63	41	1	—	105
(3) Removed to other Areas	19	21	1	—	1	2	1	6	20	23	2	6	51
(4) For other reasons	4	—	—	1	1	2	—	2	5	2	—	3	10
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ...	466	350	23	26	66	75	60	49	532	425	83	75	1,115

DISPENSARY WORK.

The situation, days and hours of opening of the four County Tuberculosis Dispensaries are as stated in the Report for 1941.

The number of attendances at Dispensaries was 6,389. This number includes 1,975 attendances made by patients who came for treatment by Ultra Violet Radiation. 1,488 new patients, exclusive of contacts, were examined in connection with the Dispensaries for the first time in 1944. Of these, 229 were diagnosed as suffering from tuberculosis before the end of the year; three were considered to be doubtfully tuberculous and remained under observation, and 1,256 were considered to be non-tuberculous. 309 contacts were examined in addition to the 1,488 new patients. Of these, three were regarded as suffering from tuberculosis and 306 were considered to be non-tuberculous.

The number of visits made by the Tuberculosis Officer to patients in their own homes was 296. The total number of consultations, personal and otherwise, between Tuberculosis Officer and medical practitioners was 1,638. Of the 232 new patients (inclusive of the three contacts found to be tuberculous) who were diagnosed as suffering from tuberculosis, 76.69 per cent. were notified after they had been examined by the Tuberculosis Officer, and only 23.21 previous to examination by the Tuberculosis Officer. All these patients, with the exception of the three who were examined as contacts, were seen by the Tuberculosis Officer at the request of their own medical attendant.

The total number of visits paid by the Health Visitors to the homes of tuberculous patients was 3,055.

Of the 1,797 persons, including contacts, who were examined for the first time in 1944, 183 were found to be suffering from pulmonary tuberculosis, and 49 from non-pulmonary tuberculosis. The former were placed in the following categories :

Sputum Negative for Tubercle Bacilli	94 or 51.37 per cent.
Sputum Positive for Tubercle Bacilli, Group 1	5 or 2.73 per cent.
Sputum Positive for Tubercle Bacilli, Group 2	51 or 27.87 per cent.
Sputum Positive for Tubercle Bacilli, Group 3	33 or 18.03 per cent.

The 49 non-pulmonary cases were classified as follows :

Bones and Joints	25 or 51.02 per cent.
Abdominal	3 or 6.12 per cent.
Other Organs	7 or 14.29 per cent.
Peripheral Glands.....	14 or 28.57 per cent.

36 pulmonary and 24 non-pulmonary cases were transferred from the arrested to the cured class and written off the Register as " Recovered ".

Radiology

X-ray work continued during the year at the Kettering, Wellingborough, Northampton and Rushden House Sanatorium Health Clinics.

4,770 examinations were made by X-ray screen and film, which was 1,586 more than the previous year. These facilities added greatly to the accuracy and speed of diagnosis.

Pathological Specimens.

The following pathological specimens were examined by the Tuberculosis Officer :

Sputum : Negative	768
Positive	98
Urine : Negative	3
Gland : Negative	1
Pleural Fluid : Negative	1

Shelters.

The number of open-air shelters occupied by tuberculous patients was 19.

Treatment.

In addition to routine Sanatorium and Domiciliary treatment, Tuberculin, in the form of Koch's Tubercle Bacilli Emulsion, was supplied to 3 patients with renal tuberculosis. As regards special treatment, 1,252 pneumothorax refills were given at the Dispensaries, and the conditions treated by Ultra Violet Radiation (Alpine Sun Lamp and Kromayer Lamp) were as follows : Psoriasis, Impetigo, Eczema, Cervical Adenitis, Delicate children, Bronchitis and Bronchiectasis, Lupus, and Bones and Joints.

Patients had treatment by general Ultra Violet Radiation and some by local radiation in addition. Similar results to those noted in previous reports were achieved.

Examination of Recruits for Ministry of Labour.

Of 108 recruits examined at the Dispensaries, one man was diagnosed as suffering from active pulmonary tuberculosis, and was found to have tubercle bacilli in his sputum.

Mass Radiography Unit.

At the end of 1944, the Mass Radiography Unit had been installed in the County Hall and the following members of the Team had been appointed : Medical Director, Senior and Junior Radiographers, Dark Room Technician, Organising Secretary and two permanent Clerks.

Arrangements had been made for all members of the Team to attend a four weeks' training course at the Ministry of Health, Mass Radiography Unit, Tavistock House, Tavistock Square, commencing 22nd January, 1945. On completion of the training course, the Unit was to commence a preliminary survey of the members of the staff of the County Hall and County Borough.

SANATORIUM REPORT.

The number of beds available for patients with pulmonary tuberculosis was 68—34 for males and 34 for females. Seven patients were admitted for clinical investigation, six were discharged as non-tuberculous (including one who remained under observation at 31st December, 1943) and two remained under observation.

There were 158 admissions of patients, 81 male and 77 female ; and 127 were discharged, 65 male and 62 female. Deaths in the Sanatorium numbered 19. The retention of advanced patients is consistent with the policy of isolation. This has been a useful method of preventive treatment. 16 patients suffering from pleurisy with effusion were treated—all with satisfactory results ; 97 sputum positive cases were under treatment, stage (1) 4, stage (2) 65, and stage (3) 28, and 38 P.T. negative cases. Treatment was sufficient in 58 patients to bring the disease to quiescence. The average length of stay was 156.04 days.

Laboratory Work. 343 sputum tests were made, 69 positive and 274 negative. Of the patients with positive sputum on admission, 41 were negative on discharge. The Blood Sedimentation Rate was assessed on admission of each patient, and at monthly intervals during treatment. This examination gives an immediate indication as to the patient's condition, and activity of disease. 828 such examinations were made.

X-ray Work. All patients are filmed on admission and subsequently during treatment. 1,742 X-ray examinations were made, consisting of 1,382 screen examinations and 360 films. All nursing and domestic staff are X-rayed on commencing duties, and at periods during their service according to their reaction to the Mantoux test.

Treatment : Consists of absolute rest for patients with the most active type of disease, substituted for those who have lost their toxaemia by hours up, and later by light graded work.

Artificial Pneumothorax Treatment: Treatment by artificial pneumothorax was continued. 48 inductions of artificial pneumothorax were made at the Sanatorium, and three were abandoned. 1,449 refills were given. There were 2 pleural washouts and 36 aspirations.

Adhesion Section: 22 patients were transferred to Creaton Sanatorium for section of adhesions limiting artificial pneumothorax, Thoracoplasties, and for Phrenic Crush.

The Treatment Block at the Sanatorium was again in use for examination of patients, artificial pneumothorax treatment, pleural washouts, sedimentation rates, dental work, and X-ray work, and also as an office.

Dental Department. The work provided by the Visiting Surgeon was as follows: No. of inspections, 80; No. of extractions, 50; No. of fillings, 43; and No. of scalings, 10.

AFTER-CARE.

Public Health Care Work. Treatment Allowances have continued to be granted to all non-dependent pulmonary patients irrespective of their prospects of recovery, and grants to the amount of £5,183 for Government reimbursement cases and £6,690 for cases held to be the responsibility of the Public Health Committee were made.

Care Work by Public Assistance Committee. As in previous years, contact has been maintained with the Public Assistance Department.

Voluntary Care Committees. Care work by the Voluntary Care Committees has been continued in the same way as in previous years.

6. VENEREAL DISEASES.

NORTHAMPTON GENERAL HOSPITAL.

Treatment. The arrangements made with the Northampton General Hospital for the diagnosis and treatment of patients suffering from venereal diseases were continued, the parties to the arrangements being as hitherto, *viz.*, the County Councils of Northampton and Buckingham and the Northampton County Borough Council.

The days and hours of openings of the Out-Patient Clinic at the Northampton General Hospital are:

MALES :	Wednesdays at 2 p.m.
	Fridays at 7 p.m.
FEMALES :	Mondays at 7 p.m.
	Fridays at 12 (noon).

291 new County patients attended the out-patient clinic for treatment as compared with 335 in 1943. The total attendances of all County patients amounted to 2,251 as against 2,564, and the number of patients discharged after completing treatment was 166 as against the same number in 1943. The number who ceased to attend without completing treatment, or before the final test of cure, was 16 as against 19.

The number of persons treated with salvarsan substitutes was 267 as against 243 in 1943.

The number of County in-patients treated at the Northampton General Hospital was 12 (males 2, females 10) as against 12 (males 6, females 6) in the previous year.

Travelling expenses of five persons who attended the Clinics were repaid.

The following table supplies information about new County cases and attendances, etc., during the three years, 1942-1944:

	1942		1943		1944	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1. Number dealt with at or in connection with the Out-patient Clinic for the first time	209	73	212	123	185	106
2. Total attendances of all persons at the Out-patient Clinic	1606	509	1516	1048	1348	903
3. Number discharged after completion of treatment	67	45	77	89	88	78
4. Number who ceased to attend without completing treatment	17	8	9	10	12	4

	<i>Syphilis.</i>		<i>Gonorrhoea.</i>	
	Male.	Female.	Male.	Female.
Number of patients on books 1/1/44	44	27	14	13
New cases during 1944	12	24	23	12
Cases transferred	62	7	17	—
Cases treated before for same disease	2	1	—	—
	<u>120</u>	<u>59</u>	<u>54</u>	<u>25</u>
	<u><u>120</u></u>	<u><u>59</u></u>	<u><u>54</u></u>	<u><u>25</u></u>
Number of cases defaulting	5	4	7	1
Percentage of defaulters for 1944	4.1	6.8	13.0	4.0

CONGENITAL SYPHILIS. The number of cases dealt with for the first time was one female.

KETTERING GENERAL HOSPITAL.

A Clinic was held each Thursday for females at 4 p.m., and for males at 6 p.m.

The following table supplies information about new County cases and attendances, etc., during the years 1942-1944 :

	1942		1943		1944	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1. Number dealt with at or in connection with the Out-patient Clinic for the first time	47	64	86	147	100	140
2. Total attendances of all persons at the Out-patient Clinic	505	690	608	1236	905	2088
3. Number discharged after completion of treatment	47	48	72	128	69	122
4. Number who ceased to attend without completing treatment ...	7	1	4	—	5	7

	<i>Syphilis.</i>		<i>Gonorrhoea.</i>	
	<i>Male</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Number of patients on books 1/1/44	29	34	18	13
New cases during 1944	8	12	13	20
	<hr/> 37	<hr/> 46	<hr/> 31	<hr/> 33

CONGENITAL SYPHILIS. No cases were treated for the first time.

PATHOLOGICAL EXAMINATIONS.

4,073 pathological examinations have been made at the Laboratory of the Northampton General Hospital as against 3,522 in 1943.

NATURE OF TEST.	NUMBER OF TESTS IN RESPECT OF PATIENTS UNDER CARE OF :		
	TREATMENT CENTRES	HOSPITAL AND OTHER INSTITUTIONS	PRIVATE PRACTITIONERS
MICROSCOPICAL—			
For detection of spirochetes	31	7	—
For detection of gonococci	1080	447	131
SERUM TESTS—			
For Wassermann reaction	680	1154	309
For gonococcal infection	119	27	19
CEREBRO-SPINAL FLUID TESTS—			
Wassermann reaction	—	39	2
CULTURES—			
For Gonococci	28	—	—
	1938	1674	461

There were 11 Medical Practitioners, inclusive of the two Medical Officers of Treatment Centres scheduled as being qualified to receive free supplies of salvarsan substitutes, and supplies were sent, on request, by the Northampton General Hospital.

In addition to the in-patients at the Northampton General Hospital previously mentioned, one unmarried girl received treatment in Cleveland House, Wolverhampton, as a County Council patient. She was admitted for treatment of pregnancy and venereal disease.

Regulation 33B. The total number of persons (all females) in respect of whom Form 1, was received was 63. The number of persons in respect of whom 2 or more forms were received totalled 8 and of this number 7 were found and examined after persuasion.

CAUSES OF DEATH IN ADMINISTRATIVE AREAS.—RURAL DISTRICTS.

TABLE I. (b)

CAUSES OF DEATH.		Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling- borough R.D.		Aggregate of R.D.'s.				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
ALL CAUSES		60	73	114	128	109	92	75	64	100	84	93	119	96	96	75	88	722	744			
1 Typhoid and paratyphoid fevers ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-spinal fever .....		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
3 Scarlet Fever .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping Cough .....		...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	4
5 Diphtheria .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Tuberculosis of respiratory system		1	4	3	5	1	2	2	1	2	2	2	4	2	1	5	4	18	23			
7 Other forms of Tuberculosis.....		...	1	1	2	2	...	2	1	2	1	2	1	...	...	1	...	10	6	
8 Syphilitic Diseases .....		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
9 Influenza		1	...	1	1	6	3	1	...	...	2	1	2	1	...	1	...	12	8	
10 Measles .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Acute polio-myelitis & polio-encephalitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute Infective Encephalitis .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer of buc : cav : and œsoph : (M), uterus (F).		1	...	1	1	2	4	...	...	...	4	1	3	1	1	...	2	6	15
14 Cancer of stomach and duodenum		2	1	5	5	2	1	2	...	4	1	2	3	2	1	3	4	22	16			
15 Cancer of Breast .....		...	2	...	3	...	5	...	1	...	3	...	3	...	3	...	4	...	24	
16 Cancer of all other sites		3	9	14	10	10	9	10	2	11	9	10	13	9	8	8	12	75	72			
17 Diabetes .....		...	2	...	1	...	...	1	...	...	2	1	1	1	...	2	3	8	...
18 Intra-cranial vascular lesions		8	8	11	11	12	6	5	7	11	8	8	16	6	9	5	12	66	77			
19 Heart Disease		18	17	40	48	34	26	17	27	23	20	22	28	31	37	22	23	207	226			
20 Other diseases of the circulatory system		1	2	3	2	1	3	...	1	6	1	3	1	3	3	1	2	18	15			
21 Bronchitis.....		4	2	5	12	3	4	6	3	10	3	3	5	7	4	3	8	41	41			
22 Pneumonia .....		...	2	6	4	2	1	2	4	8	4	6	3	3	4	8	6	35	28	
23 Other respiratory diseases		3	1	2	...	1	...	2	...	1	2	...	...	3	1	...	...	12	4
24 Ulcer of stomach or duodenum ...		1	...	...	...	2	...	2	...	1	...	...	...	1	...	...	1	6	2
25 Diarrhoea under 2 years .....		...	...	...	1	...	1	...	1	...	...	...	1	...	...	...	...	1	4
26 Appendicitis .....		...	...	...	1	2	...	2	...	1	...	1	1	...	...	...	...	6	2
27 Other digestive diseases		2	1	1	2	4	3	1	1	3	2	...	2	1	1	3	...	15	12			
28 Nephritis		1	1	1	7	10	6	6	1	1	3	2	3	3	3	2	...	26	24			
29 Puerperal and post-abortion sepsis...		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
30 Other maternal causes .....		...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	...	...	4
31 Premature Birth		1	3	...	3	...	1	1	2	3	2	2	1	...	1	...	...	...	13
32 Congenital Malformation, Birth inj : infantile diseases ...		2	1	2	1	3	1	3	2	2	3	1	3	3	3	4	2	20	16			
33 Suicide		1	...	1	...	1	...	1	1	1	...	...	1	1	...	2	...	8	2	
34 Road traffic accidents .....		...	...	3	...	...	2	3	...	2	1	3	...	1	...	...	...	12	3
35 Other violent causes		2	4	1	1	3	...	1	...	2	3	7	3	2	2	...	1	18	14			
36 All other causes		8	12	13	6	8	11	6	7	5	9	15	17	13	13	7	4	75	79			
Deaths of Infants under 1 year		{ Total	3	4	5	8	3	3	4	5	8	8	2	9	6	2	8	3	39	42
		{ Legitimate		...	3	2	5	7	3	3	3	5	8	7	2	6	5	2	7	3	36	35
		{ Illegitimate		2	...	1	1	3	1	...	1	3	7	7
Live Births—		{ Total	119	76	177	148	165	144	118	103	143	154	171	180	116	126	105	113	1114	1044
		{ Legitimate		...	109	70	168	139	153	133	108	96	137	144	155	167	107	121	94	100	1031	970
		{ Illegitimate		...	10	6	9	9	12	11	10	7	6	10	16	13	9	5	11	13	83	74
Stillbirths—		{ Total	1	1	9	2	7	3	3	2	4	3	3	2	4	4	2	...	33	17
		{ Legitimate		...	1	1	9	2	7	3	3	2	4	3	3	2	3	4	2	...	32	17
		{ Illegitimate		1	1	...

TABLE II.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH.		Sex.	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS						
			All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
1	Typhoid and paratyphoid fevers ...	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
2	Cerebro-spinal fever	M. F.	2 1	1 1	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... 1	... ...	... ...
3	Scarlet Fever	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
4	Whooping Cough	M. F.	2 2	1 2	... ...	... ...	... ...	... ...	... 4	... 3	... 1	... ...	... ...	... ...	... ...
5	Diphtheria	M. F.	2 3	... ...	1 2	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
6	Tuberculosis of respiratory system	M. F.	48 23	... ...	... ...	27 18	15 5	6 ...	18 23	... ...	... ...	... ...	5 15	13 7	... 1
7	Other forms of Tuberculosis.....	M. F.	10 7	2 ...	4 2	... 3	2 ...	... ...	10 6	... ...	2 1	1 1	4 3	3 ...	... 1
8	Syphilitic Diseases	M. F.	6 2	... ...	... ...	... 1	3 1	3 ...	1 ...	... ...	... ...	... ...	... ...	1 ...	... ...
9	Influenza	M. F.	6 5	... ...	... 1	1 ...	4 3	1 1	12 8	... ...	2 ...	... ...	2 1	2 1	6 6
10	Measles	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
11	Acute polio-myelitis and polio- encephalitis	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
12	Acute Infective Encephalitis	M. F.	2 ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
13	Cancer of buc : cav : and œsoph : (M), uterus (F).	M. F.	9 9	... ...	... ...	... 2	2 2	7 5	6 15	... ...	... ...	... ...	... ...	1 7	5 8
14	Cancer of stomach and duodenum	M. F.	37 17	... ...	... ...	3 ...	11 4	23 13	22 16	... ...	... ...	... ...	1 ...	5 2	16 14
15	Cancer of Breast	M. F.	... 27	... ...	... ...	... 2	... 20	... 5	... 24	... ...	... ...	... ...	... ...	... 9	... 15
16	Cancer of all other sites	M. F.	59 62	... ...	... ...	3 6	29 21	27 35	75 72	... ...	... 1	... ...	4 5	22 21	49 45
17	Diabetes	M. F.	5 8	... ...	... ...	... 1	1 1	3 6	3 8	... ...	... ...	1 ...	... 1	1 ...	1 7
18	Intra-cranial vascular lesions	M. F.	82 100	1 ...	... ...	... 2	17 16	63 82	66 77	... ...	... ...	... ...	... 2	12 13	54 62
19	Heart Disease	M. F.	205 252	... ...	... ...	7 9	44 43	153 200	207 226	... ...	... ...	1 ...	1 5	37 25	168 196

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

51

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS						AGGREGATE OF RURAL DISTRICTS							
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
20 Other diseases of the circulatory system.....	M. F.	18 13	...	...	...	...	1 1	17 12	18 15	...	...	...	...	4 2	14 13
21 Bronchitis.....	M. F.	31 27	1 1	...	...	1 ...	12 2	17 24	41 41	...	...	...	...	12 ...	29 40
22 Pneumonia	M. F.	33 26	2 5	3 1	...	2 4	6 5	20 11	35 28	9 5	1 1	...	3	7 5	18 13
23 Other respiratory diseases	M. F.	7 11	1 ...	...	...	2 1	...	4 3	12 4	...	...	...	1	4 2	7 2
24 Ulcer of stomach or duodenum ...	M. F.	5 1	...	...	...	...	3 ...	2 1	6 2	...	...	...	...	3 1	3 1
25 Diarrhoea under 2 years	M. F.	2 3	2 3	...	...	...	...	...	1 4	1 4	...	...	...	...	...
26 Appendicitis	M. F.	2 3	...	...	...	1 ...	...	1 1	6 2	...	...	2 1	2 1	1 ...	1 ...
27 Other digestive diseases	M. F.	6 8	...	...	...	...	3 4	3 3	15 12	1 ...	1 ...	...	3 2	3 2	7 8
28 Nephritis	M. F.	24 16	...	...	...	2 1	7 6	15 9	26 24	...	...	...	3 ...	2 5	21 19
29 Puerperal and post-abortive sepsis....	F.	1	...	...	...	1	...	...	1	...	...	...	1	...	...
30 Other maternal causes	F.	2	...	...	...	2	...	...	4	...	...	...	4	...	...
31 Premature Birth	M. F.	18 10	18 10	...	...	...	...	...	9 13	9 13	...	...	...	...	...
32 Congenital Malformation, Birth inj : infantile diseases ...	M. F.	25 19	22 15	...	1 1	1 1	...	1 ...	20 16	17 12	1 1	...	2 ...	2...	...
33 Suicide	M. F.	7 7	...	...	...	1 3	3 4	3 ...	8 2	...	...	...	3 1	1 1	4 ...
34 Road traffic accidents	M. F.	13 ...	...	...	2 ...	2 ...	3 ...	5 ...	12 3	...	...	2 1	3 ...	3 1	4 1
35 Other violent causes	M. F.	17 10	2 3	...	...	...	5 ...	2 7	18 14	...	3 2	2 1	3 1	5 2	5 6
36 All other causes	M. F.	71 57	4 ...	...	2 4	5 9	12 8	48 35	75 79	2 2	1 3	...	5 5	7 11	59 58
ALL CAUSES	M. F.	754 732	57 40	10 7	9 11	70 67	184 154	424 453	722 744	39 42	11 10	10 6	40 53	151 117	471 516

CIVILIAN CASES OF INFECTIOUS DISEASE. 1944.
(Final numbers after correction).

TABLE III.

DISEASES.	URBAN DISTRICTS.												RURAL DISTRICTS.								Totals for Administrative County			
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts										
														Brackley	Daventry	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston		Towcester	Wellingborough	Totals for Combined Rural Districts
Small Pox...	1	2	5	67	3	4	9	4	4	5	16	17	38	175	12	40	24	12	26	32	27	18	191	366
Scarlet Fever	—	—	1	11	—	5	—	—	—	1	1	1	16	36	2	—	1	2	—	6	—	2	15	51
Diphtheria	1	—	1	11	2	5	—	—	—	3	1	6	16	41	1	—	6	1	—	1	3	1	16	57
Erysipelas	—	—	—	3	—	—	—	—	—	1	—	1	7	12	—	1	10	1	13	2	—	—	27	39
Puerperal Pyrexia	—	—	5	8	15	1	—	3	—	8	—	74	18	132	2	7	4	8	19	16	12	11	79	211
Pneumonia	5	140	4	6	5	1	5	—	1	4	1	58	7	237	4	10	168	3	10	41	15	3	254	491
Measles	3	1	10	145	10	—	18	5	—	44	17	123	50	426	54	36	30	15	31	60	44	45	315	741
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	11	8	8	18	19	5	9	84	196
Tuberculosis of the Respiratory System	2	2	5	42	5	14	2	1	2	2	3	11	21	112	1	2	4	1	4	4	3	4	23	56
Other forms of Tuberculosis	—	—	3	10	—	1	2	2	—	1	1	7	6	33	1	2	—	—	—	—	—	—	1	3
Acute Poliomyelitis	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery (Bacillary)	—	—	—	91	2	—	—	—	—	—	3	3	5	105	—	9	35	23	2	—	—	4	73	178
Malaria (believed to have been contracted abroad)	—	—	1	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	6	—	—	—	—	—	6	8
Cerebro-Spinal fever	—	—	—	3	1	1	1	—	—	—	—	—	—	6	—	1	—	—	—	2	—	—	3	9
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	—
Paratyphoid Fever	—	—	—	2	—	—	1	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	3
Totals	12	145	36	401	43	28	38	15	7	69	44	302	184	1324	82	117	296	79	124	183	109	104	1094	2418

SEX AND AGE DISTRIBUTION OF NOTIFIABLE DISEASES, 1944.

TABLE NO. IV.

Numbers of Cases of Infectious Diseases originally notified during 1944, and of the Final numbers according to Sex and Age after corrections subsequently made either by the Notifying Medical Practitioner or the Medical Superintendent of the Infectious Diseases Hospital.

<i>Ages, etc.</i> (N.K.=age unknown)		<i>Scarlet Fever</i>		<i>Diphtheria</i>		<i>Whooping Cough</i>		<i>Measles excl. Rubella</i>		<i>Ac polio-myelitis</i>		<i>Ac polio-encephalitis</i>	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Numbers orig. notified													
Civilians (All ages)		172	197	22	41	346	396	252	239	1	2	—	—
Non-civ. (All ages)		4	—	4	—	—	—	5	2	—	—	—	—
Final nos. aft. correction													
Civilians	0— ...	—	—	—	—	25	43	18	10	—	—	—	—
	1— ...	8	13	1	1	80	109	31	40	—	2	—	—
	3— ...	25	29	3	2	117	104	80	72	—	—	—	—
	5— ...	97	92	11	3	107	122	85	77	1	—	—	—
	10— ...	29	27	2	7	16	9	27	15	—	—	—	—
	15— ...	7	22	—	10	—	5	5	11	—	—	—	—
	25 & over	2	11	2	9	—	4	5	14	—	—	—	—
	Age unknown	3	1	—	—	—	—	1	—	—	—	—	—
Total civs.		171	195	19	32	345	396	252	239	1	2	—	—
Non-Civilians	15— ...	1	—	3	—	—	—	—	2	—	—	—	—
	25 & over (or N.K.) ...	3	—	1	—	—	—	5	—	—	—	—	—
	Total non-civilians	4	—	4	—	—	—	5	2	—	—	—	—
No. originally notified													
Civilians (All ages) ...		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Non-Civs. (All ages)		2	5	1	2	127	84	93	85	6	3	—	—
Final Nos. aft. correction													
Civilians	0— ...	1	—	—	—	32	15	27	18	1	2	—	—
	5— ...	—	2	1	1	13	10	44	26	4	—	—	—
	15— ...	—	1	—	1	37	19	11	28	—	1	—	—
	45— ...	1	1	—	—	21	23	4	5	—	—	—	—
	65 & over	—	1	—	—	23	17	—	1	—	—	—	—
	Age unknown	—	—	—	—	1	—	7	7	1	—	—	—
Total civs.		2	5	1	2	127	84	93	85	6	3	—	—
Non-Civilians	15—(or N.K.)	—	—	—	—	3	3	17	3	2	—	—	—
	45 & over	—	—	—	—	1	—	—	—	—	—	—	—
	Total non-civs.	—	—	—	—	4	3	17	3	2	—	—	—
Nos. originally notified													
Civilians (All ages) ...													
Non-civs. (All ages)													
Final Nos. aft. correction													
Civilians	0— ...	—	—	—	—	Malaria ...		2		—		2	
	5— ...	1	1	—	—								
	15— ...	5	11	—	—								
	45— ...	10	14	—	—								
	65 & over	11	4	—	—								
	Age unknown	—	—	—	—								
Total Civs.		27	30	—	—								
Non-Civilians	15—(or N.K.)	1	—	—	—								
	45 & over	—	—	—	—								
	Total non-civs. ...	1	—	—	—								

TABLE NO. V.

NORTHAMPTONSHIRE.

TUBERCULOSIS DEATHS AND MORTALITY RATES, 1900-1944.

Year	Estimated Populations.	Tuberculosis of Respira- tory System.	Death Rate per 1000 of Population.	Other forms of Tuberculosis.	Death Rate per 1000 of Population.	All forms of Tuberculosis.	Death Rate per 1000 of Population.
1900	220,678	205	.93	46	.20	251	1.13
1901	207,719	162	.78	47	.22	209	1.00
1902	209,984	199	.94	63	.30	262	1.24
1903	212,610	182	.85	66	.31	248	1.16
1904	213,874	204	.95	82	.38	286	1.33
1905	214,909	165	.77	85	.39	250	1.16
1906	216,319	186	.86	63	.29	249	1.15
1907	216,935	196	.90	61	.28	257	1.18
1908	217,765	207	.95	68	.31	275	1.26
1909	219,149	185	.84	77	.35	262	1.19
1910	220,897	190	.86	66	.29	256	1.15
1911	213,796	204	.95	77	.36	281	1.31
1912	215,091	197	.92	57	.26	254	1.18
1913	215,579	192	.89	58	.26	250	1.15
1914	216,569	178	.82	50	.23	228	1.05
1915	211,286	202	.95	59	.28	261	1.23
1916	202,552	242	1.19	60	.30	302	1.49
1917	190,215	229	1.20	55	.29	284	1.49
1918	192,564	230	1.19	59	.31	289	1.50
1919	207,508	183	.88	52	.25	235	1.13
1920	215,777	160	.74	44	.20	204	0.94
1921	212,270	172	.81	46	.21	218	1.02
1922	213,340	162	.76	27	.12	189	0.88
1923	214,331	159	.74	38	.17	197	0.91
1924	215,200	169	.78	27	.13	196	0.91
1925	215,300	174	.80	35	.17	209	0.97
1926	214,200	136	.63	28	.13	164	0.76
1927	215,000	162	.75	30	.14	192	0.89
1928	215,100	140	.65	32	.14	172	0.79
1929	216,500	159	.73	20	.09	179	0.82
1930	217,550	150	.69	31	.14	181	0.83
1931	218,300	130	.60	25	.11	155	0.71
1932	213,900	115	.53	24	.11	139	0.64
1933	214,300	116	.54	20	.09	136	0.63
1934	214,550	114	.53	34	.15	148	0.68
1935	216,200	119	.55	27	.12	146	0.67
1936	217,600	99	.45	18	.08	117	0.53
1937	220,400	94	.42	28	.13	122	0.55
1938	221,400	104	.47	24	.10	128	0.57
1939	228,300	96	.42	16	.07	112	0.49
1940	241,200	113	.47	28	.11	141	0.58
1941	259,820	106	.41	24	.09	130	0.50
1942	243,800	92	.38	28	.11	120	0.49
1943	235,000	101	.43	17	.07	118	0.50
1944	233,340	112	.48	33	.14	145	0.62

TABLE No. VI.

VITAL STATISTICS FOR 1944 AND PREVIOUS YEARS.

Year.	Estimated Population mid-year.	BIRTHS.		DEATHS			
				Under 1 year.		All Ages.	
		No.	Rate.	No.	Rate.	No.	Rate.
1897	228,955	6761	29.50	906	134.00	3559	15.53
1898	234,902	6647	28.29	888	133.59	3374	14.30
1899	240,484	6632	27.59	870	131.10	3399	14.10
1900	§220,678	5621	25.47	617	109.76	3078	13.90
1901	207,719	5641	27.15	579	102.60	2758	13.27
1902	209,984	5453	25.96	535	98.11	2785	13.26
1903	212,610	5430	25.53	560	103.13	2838	13.34
1904	213,874	5265	24.61	614	116.61	2964	13.85
1905	215,909	5168	23.93	585	113.19	2812	13.02
1906	216,319	4997	23.10	514	102.86	2638	12.19
1907	216,935	4643	21.40	410	80.30	2656	12.24
1908	217,765	4755	21.83	454	95.47	2749	12.62
1909	219,149	4597	20.97	384	83.53	2790	12.73
1910	220,897	4430	20.05	356	80.36	2493	11.28
1911	213,796	4378	20.47	421	96.16	2692	12.59
1912	215,091	4281	19.90	342	79.88	2601	12.00
1913	215,579	4296	19.92	368	85.66	2525	11.71
1914	216,569	4146	19.14	305	73.56	2594	11.97
1915	211,286	4016	18.54	382	95.11	3012	14.25
1916	202,552	3822	17.34	254	66.00	2702	13.33
1917	190,215	3197	15.07	259	81.00	2665	14.01
1918	192,564	3096	14.34	210	67.00	2938	15.25
1919	‡207,508	3140	14.52	254	80.00	2873	13.84
	*216,162						
1920	‡215,777	4913	22.74	293	59.00	2393	11.09
	*215,968						
1921	212,769	4166	19.57	300	72.00	2514	11.84
1922	‡213,340	3875	18.12	227	58.00	2507	11.75
	*213,840						
1923	‡214,331	3686	17.15	225	61.00	2475	11.54
	*214,820						
	‡216,162						
1924	215,200	3494	16.23	185	52.00	2494	11.58
1925	215,300	3480	16.16	197	56.60	2525	11.72
1926	214,200	3393	15.84	177	52.16	2436	11.37
1927	215,000	3108	14.45	159	51.00	2539	11.80
1928	215,170	3175	14.75	154	48.00	2507	11.65
1929	216,500	3104	14.33	171	55.09	2649	12.23
1930	217,500	2991	13.74	126	42.12	2490	11.44
1931	218,300	2924	13.39	135	46.10	2472	11.32
1932	213,900	2743	12.76	125	45.50	2463	11.45
1933	214,300	2665	12.43	112	42.02	2542	11.85
1934	214,550	2688	12.52	154	57.29	2706	12.61
1935	216,200	2881	13.32	146	50.67	2707	12.52
1936	217,600	3047	14.00	146	47.91	2660	12.22
1937	220,400	3104	14.08	136	43.81	2689	12.20
1938	221,400	3184	14.38	131	41.14	2552	11.52
1939	‡228,300	3336	15.02	137	40.41	2758	12.08
	*222,100						
1940	241,200	3363	13.94	170	48.39	3153	13.07
1941	259,820	3511	13.51	182	48.08	3103	11.94
1942	243,800	4062	16.66	140	34.46	2687	11.02
1943	235,000	4210	17.91	170	40.38	2890	12.29
1944	233,340	4684	20.07	178	38.00	2952	12.65

§ Extension of Borough of Northampton.

‡ Population for calculation of Death Rate.

* Population for calculation of Birth Rate.

